



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at [wvOASIS.gov](http://wvOASIS.gov). As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at [WVPurchasing.gov](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header @ 5

**General Information**

Procurement Folder: 1453437

Procurement Type: Central Master Agreement

Vendor ID:  

Legal Name: Cenmed Enterprises

Alias/DBA: Cenmed Enterprises

Total Bid: \$752.00

Response Date:  Response Time: Responded By User ID:  First Name: Last Name: Email: Phone: 

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2500000005

Published Date: 9/23/24

Close Date: 9/26/24

Close Time: 13:30

Status: Closed

Solicitation Description: 

Total of Header Attachments: 5

Total of All Attachments: 5



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	AI ELISA Test Kit - Overall Total	1.00000	EA	752.000000	752.00

Comm Code	Manufacturer	Specification	Model #
41116126			

**Commodity Line Comments:** ProFLOK Avian Influenza Virus (AIV) Antibody Test Kit is an easy-to-use enzyme-linked immunosorbent assay (ELISA) for the detection AIV antibodies in chickens and turkeys.  
5 Plates of 96 rct - 480 wells.  
2 hours test time.  
Shelf life 12 months

**Extended Description:**

See attached documentation for further details.

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
 requester. Do not  
 send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	CEN-MED ENTERPRISES, INC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
121 Jersey Avenue		
6 City, state, and ZIP code		
New Brunswick, NJ 08901		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
-	
-	
or	
Employer identification number	
2	2
-	3
1	6
8	3
4	2

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date <b>2024</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

THIS CERTIFIES THAT  
**CEN-MED Enterprises, Inc.**



\* Nationally certified by the: **NEW YORK & NEW JERSEY MINORITY SUPPLIER DEVELOPMENT COUNCIL**

\*NAICS Code(s): 423450; 334516; 339112; 325413; 622110; 339113; 333314

\* Description of their product/services as defined by the North American Industry Classification System (NAICS)

08/28/2023

**Issued Date**

NY03829

**Certificate Number**

11/22/2024

**Expiration Date**

A handwritten signature in black ink, appearing to read "Ying McGuire".

**Ying McGuire  
NMSDC CEO and President**

A handwritten signature in black ink, appearing to read "Terrence Clark".

**Terrence Clark, President & CEO**

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

*Certify, Develop, Connect, Advocate.*

\* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®



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

State of West Virginia  
 Centralized Request for Quote  
 Laboratory

Proc Folder: 1453437		Reason for Modification: Addendum No. 2	
Doc Description: Avian Influenza Virus Antibody Test Kit			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-09-06	2024-09-17 13:30	CRFQ 1400 AGR2500000005	3

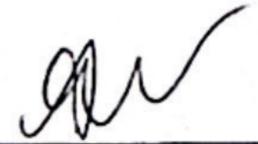
**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Customer Code:  
 Vendor Name: CEN-MED ENTERPRISES  
 Address: 121 JERSEY AVE  
 Street:  
 City: NEW BRUNSWICK  
 State: NEW JERSEY Country: USA Zip: 08901  
 Principal Contact: ANNA SHEKHTMAN  
 Vendor Contact Phone: 732 447 1113 Extension: 113

**FOR INFORMATION CONTACT THE BUYER**  
 Larry D McDonnell  
 304-558-2063  
 larry.d.mcdonnell@wv.gov

Vendor Signature X  FEIN# 223168342 DATE 09/16/2024

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



ADDITIONAL INFORMATION
Addendum No. 2:
1. To extend the bid opening date from September 10, 2024 to September 17, 2024 at 1:30 pm.
2. Responses to vendor questions will be issued under separate addendum.
No other changes

INVOICE TO	SHIP TO
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US	AGRICULTURE DEPARTMENT OF MOOREFIELD FIELD OFFICE 60B INDUSTRIAL PARK RD MOOREFIELD WV US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	AI ELISA Test Kit - Overall Total	1.00000	EA		

Comm Code	Manufacturer	Specification	Model #
41116126	ZOETIS	10006133	PROFLOK AIV ELISA

**Extended Description:**  
 See attached documentation for further details.

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	Vendor Questions Due by 2:00PM EST/EDT	2024-08-26



# SOLICITATION NUMBER: CRFQ AGR25\*05

## Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

### Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

### Description of Modification to Solicitation:

1. To extend the bid opening from 09/10/2024 to 09/17/2024. The bid opening time remains at 1:30 pm.
2. The responses to vendor questions will be issued under separate addendum.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

### Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ AGR25\*05**

**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 type="checkbox"/> Addendum No. 1            | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" 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 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.

CEN-MED ENTERPRISES

Company

AW

Authorized Signature

09/16/2024

Date

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

121 Jersey Avenue, New Brunswick, NJ 08901  
Phone: (732) 447-1100 Fax: (732) 249-0008  
[www.cenmed.com](http://www.cenmed.com)

Quote Number: CENQ-0034437  
Created Date: 9/16/2024  
Valid Until: 12/19/2024

### Address Information

Bill to Name:	Agriculture Department Charleston WV	Ship to Name:	Agriculture Department Charleston WV
Bill To:	Agriculture department of administrative services, 1900 Kanawha blvd E Charleston, West Virginia,	Contact Name:	Larry D. McDonnell
		Ship To:	Agriculture department of moorefiend field office, 60B Industrial Park Rd Moorefiled, West Virginia
Phone:	304-558-20-63	Phone:	304-558-20-63
Email:		Email:	larry.d.mcdonnell@wv.gov

Salesperson	Contact Number	Email Address	Ship Via	Terms	
Anna Shekhtman		anna.shekhtman@cenmed.com		NET60	
Product	Description	UOM	Sales Price	Qty.	Total
10006133	ProFLOK® AIV Ab 5PLT	1 EA	\$752.00	1	\$752.00
ADD SHIPPING	*** ADD SHIPPING ACTUALS ****	EA	\$0.00	1	\$0.00

### Comments or Special Instructions

Shipping costs will be added as actuals at the time of delivery	<b>Subtotal</b>	752.00
	<b>Freight</b>	
	<b>Tax</b>	0.00
	<b>Total</b>	752.00

To accept the terms of this quote, please sign and return via email.

		
(Signature)	(Full Name)	(Date)

**All prices are subject to changes without prior notice** due to currency fluctuation, fuel prices, tariffs, and/or unforeseen economic circumstances. Prices based upon total purchase - All delivery, training or services to be billed at published rate for each activity involved - Generally all items proposed above are covered by a manufacturers warranty, covering parts and/or labor for items purchased - We specifically disclaim any and all warranties, express or implied, including but not limited to any implied warranties or with regard to any licensed products. We shall not be liable for any loss of profits, business, goodwill, data, interruption of business, nor for incidental or consequential merchant ability purpose, damages related to this agreement. Minimum 25% restocking fee with original packaging. Shipping costs may be extra. This quote supersedes any prior quotation. All items are subject to availability. All PPE items are non-returnable & non-refundable

