



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*625113104 304-593-1699

BOWMAN MARK E MA
 342 LEON BADEN RD

LEON WV 25123

VENDOR

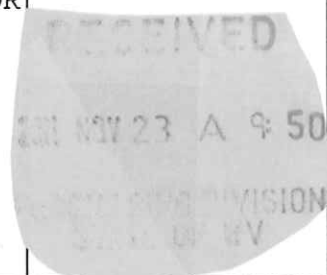
SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/21/2011				

BID OPENING DATE: 11/24/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	624	HR		961-20	\$ 75.00	\$ 46,800.
MASTER LEVEL PSYCHOLOGIST SERVICES TO PROVIDE MASTER LEVEL PSYCHOLOGIST SERVICES FOR THE RESIDENTS OF LAKIN HOSPITAL'S 114 BED INTERMEDIATE FACILITY, PER THE ATTACHED SPECIFICATIONS. PSYCHOLOGIST IS TO PROVIDE (12) TWELVE HOURS PER WEEK, TO EVALUATE RESIDENTS WITH A BEHAVIORAL PROBLEM OR MENTAL ILLNESS UPON ADMISSION TO DETERMINE IF A PLAN NEEDS DEVELOPED TO ADDRESS ANY BEHAVIORAL ISSUES. PSYCHOLOGIST TO EVALUATE/REVIEW EACH RESIDENT WITH A PLAN TO ADDRESS BEHAVIORAL ISSUES MONTHLY. PSYCHOLOGIST TO ENSURE THAT ALL DOCUMENTATION TO BE COMPLETED WHILE IN THE FACILITY. PSYCHOLOGIST TO DEVELOP AND MODIFY PLANS, AS NEEDED. PSYHOLOGIST TO PARTICIPATE IN CARE CONFERENCE MEETINGS AS NEEDED AND TO MEET WITH MULTI-DISCIPLINARY TEAM MONTHLY TO REVIEW ALL RESIDENT BEHAVIOR PLANS. OTHER SERVICES TO INCLUDE DETERMINING COMPETENCY/CAPACITY, GUARDIANSHIP/CONSERVATORSHIP. HOURS OF SERVICE NOT TO EXCEED 12 HOURS PER WEEK, 624 HOURS IN A TWELVE MONTH PERIOD. VENDOR WILL BE REQUIRED TO PROVIDE THE SERVICES IN A TIMELY MANNER AS NEEDED, OR AS REQUESTED BY THE FACILITY. ANY ANTICIPATED TRAVEL MUST BE INCORPORATED IN THE VENDOR'S FEE. NO TRAVEL WILL BE REIMBURSED BY THE STATE AND IS THE SOLE RESPONSIBILITY OF THE VENDOR. \$..... PER HOUR, NOT TO EXCEED 12 HOURS PER WEEK, OR 624 HOURS IN A TWELVE MONTH PERIOD.						



SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Mark E. Bowman</i>	304-593-1699	11-22-11

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
psychologist		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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

Request for Quotation

RFQ NUMBER
 LSH12080

PAGE
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

*625113104 304-593-1699

VENDOR

BOWMAN MARK E MA
 342 LEON BADEN RD
 LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/21/2011				

BID OPENING DATE: 11/24/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				<p>VENDOR TO PROVIDE A COPY OF THEIR STATE OF WEST VIRGINIA BOARD OF PSYCHOLOGIST LICENSE. <i>ATTACHMENT I</i></p> <p>PROOF OF WORKER'S COMPENSATION INSURANCE MUST BE SUBMITTED PRIOR TO THE AWARD OF THE CONTRACT BY THE SUCCESSFUL BIDDER. <i>ATTACHMENT II</i></p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN</p>		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Mark D. Bowman* TELEPHONE 304-593-1699 DATE 11-22-11

TITLE *psychologist* ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
3

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*625113104 304-593-1699

VENDOR

BOWMAN MARK E MA
 342 LEON BADEN RD
 LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/21/2011				

BID OPENING DATE: 11/24/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Mark E Bowman</i>	304 593-1699	11-22-11
TITLE	ADDRESS CHANGES TO BE NOTED ABOVE	
<i>Psychologist</i>		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
4

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

VENDOR

*625113104 304-593-1699
 BOWMAN MARK E MA
 342 LEON BADEN RD
 LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/21/2011				

BID OPENING DATE: 11/24/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>BUSINESS ON 11/08/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: (304) 558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p style="text-align: center;">VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>M. Bowman</i>	304 593-1699	11-22-11
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>Psychologist</i>		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

RFQ NUMBER
 LSH12080

PAGE
 6

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

VENDOR

*625113104 304-593-1699
 BOWMAN MARK E MA
 342 LEON BADEN RD
 LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED 10/21/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
----------------------------	---------------	----------	--------	---------------

BID OPENING DATE: 11/24/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ LSH12080 ***** TOTAL:						\$ 46,800./year \$ 75.00 per hour

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>M. E. Bowman</i>	TELEPHONE 304 593-1699	DATE 11-22-11
TITLE <i>Psychologist</i>	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Requisition LSH12080- Psychologist Services

To provide master level Psychologist services for the residents of Lakin Hospital's 114 bed intermediate care facility, per the attached specifications.

1. Psychologist is to provide twelve (12) hours of service per week, to evaluate residents with a behavioral problem of mental illness upon admission, to determine if a plan needs developed to address any behavioral issues.
2. Psychologist will evaluate/review each resident with a plan to address behavioral issues monthly.
3. Psychologist will ensure that all documentation is completed while in the facility.
4. Psychologist will develop and modify plans, as needed.
5. Psychologist will participate in care conference meetings, as needed and meet with Multi-disciplinary Team, monthly to review all resident behavior plans.
6. Psychologist will provide other services to include determining competency/capacity, guardianship/conservatorship.

Hours of service will not exceed twelve (12) hours per week or 624 hours in a twelve month period. Vendor will be required to provide the services in a timely manner, as needed or as requested by the facility. Any anticipated travel must be incorporated in the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

Will provide physician malpractice insurance with a minimum amount of \$1,000,000.00 for each claim and an aggregate amount of \$3,000,000.00. This must be provided prior to award. *ATTACHMENT III*

Vendor will provide a copy of their State of West Virginia Board of Psychologist License. *Attachment I*

HIPAA Agreement: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.html>) is hereby made part of this agreement provided that, the agency meets the definition of a Covered Entity (45 CRP 160 103) and will be disclosing Protected Health Information (45 CFR 160 103).

The vendor shall submit invoices, in arrears, to the facility at the address on the face of the purchase order labeled "Invoice to" pursuant to the terms of the contract. Payment will be made in arrears. State law forbids payment of invoices prior to receipt of goods or services.

Award will be based on the overall lowest total for the not to exceed annual costs.

RFQ LSH12080 Cost Sheet

Item#	Estimated Monthly Hours	Description:	Hourly Rate:	Monthly Rate:	Annual Rate:
1.	52 hrs.	Master level Psychologist services	\$ <u>75.</u>	\$ <u>3,900.</u>	\$ <u>46,800.</u>

Grand Total costs: \$ 46,800.

Hours of service will not exceed twelve (12) hours per week x 52 weeks per year = 624 hours in a twelve month period.

624 hours per year divided by 12 months per year = 52 hours per month.

Mark E. Bowman
Vendor Name (please print)

M. E. Bowman 11-22-11
Signature Date



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*625113104 304-593-1699

VENDOR

BOWMAN MARK E MA
 342 LEON BADEN RD
 LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/09/2011				

BID OPENING DATE: 11/29/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. TO MOVE THE BID OPENING DATE FROM 11/24/2011 TO 11/29/2011.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: LSH12080						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO. S:						
NO. 1 <input checked="" type="checkbox"/>						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>M. J. Bowman</i>	TELEPHONE <i>304 593-1699</i>	DATE <i>11-22-11</i>
TITLE <i>psychologist + WVP 534</i>	FEIN [REDACTED]	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*625113104 304-593-1699

BOWMAN MARK E MA
 342 LEON BADEN RD

LEON WV 25123

VENDOR

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

SHIP TO

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/09/2011				

BID OPENING DATE: 11/29/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY 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.</p> <p style="text-align: right;"> <i>M. E. Bowman, MA</i> <i>licensed psychologist WV #554</i> SIGNATURE <i>Self</i> COMPANY <i>11-22-11</i> DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>M. E. Bowman</i>	TELEPHONE <i>304-593-1699</i>	DATE <i>11-22-11</i>
TITLE <i>psychologist WV #554</i>	FEI	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

RFQ NUMBER
LSH12080

PAGE
3

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

*625113104 304-593-1699

VENDOR

BOWMAN MARK E MA
 342 LEON BADEN RD

LEON WV 25123

SHIP TO

HEALTH AND HUMAN RESOURCES
 BHHF
 LAKIN HOSPITAL
 11522 OHIO RIVER ROAD
 WEST COLUMBIA, WV
 25287 304-675-0860

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/09/2011				

BID OPENING DATE: 11/29/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	624	HR		961-20	\$ 75.00	\$ 46,800.
	MASTER LEVEL PSYCHOLOGIST SERVICES					
***** THIS IS THE END OF RFQ LSH12080 ***** TOTAL:						\$ 46,800.

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Md O'Boon</i>	TELEPHONE 304593-1699	DATE 11-22-11
----------------------------	-----------------------	---------------

TITLE <i>Psychologist WV#554</i>	FEIN [REDACTED]	ADDRESS CHANGES TO BE NOTED ABOVE
----------------------------------	-----------------	-----------------------------------

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

WV Psychology Lic

ATTACHMENT J



West Virginia Board of Examiners of Psychologists

Be It Known That:

Mark E. Bowman, MA

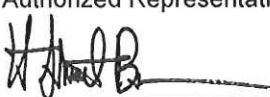
License Number 554 has met the requirements of the law, and is duly licensed, and is entitled to practice in the state of West Virginia until 6/30/12 as a Psychologist.

Licensed Since: 7/1/92

Jerry Laurita Sigley, MA
Secretary



Trust Risk Management Services, Inc. (TRMS) ■ 1791 Paysphere Circle, Chicago, IL 60674 ■ Phone (877) 637-9700 ■ FAX (877) 251-5111

MEMORANDUM OF INSURANCE		Date Issued: November 22, 2011			
Named Insured: Mr. Mark Bowman 342 Leon Baden Rd Rr 1 Box 3 Leon, WV 25123 8699		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverage, terms, exclusions conditions or other provisions afforded by the policies referenced herein.			
Producer: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674 1.877.637.9700		Company Affording Coverage ACE American Insurance Company 140 Broadway New York, NY 10005-1108			
Covered Person Mark Bowman			Status Named Insured		
This is to certify that the policy and/or certificate listed below has been issued to the insured named above for the policy and/or certificate period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain. The insurance afforded by the policy and/or certificate described herein is subject to all terms, exclusions and conditions of such policy and/or certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Policy and/or Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Occurrence	68G22388538	07/01/2011	07/01/2012	Each incident	\$1,000,000
				Annual aggregate	\$3,000,000
Retroactive Date:					
Certificate Holder:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AND/OR CERTIFICATES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.		
			Authorized Representative: 		

RFQ No. LSH12080

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Mark E Bowman

Authorized Signature: [Signature] Date: 11-22-11

State of West Virginia

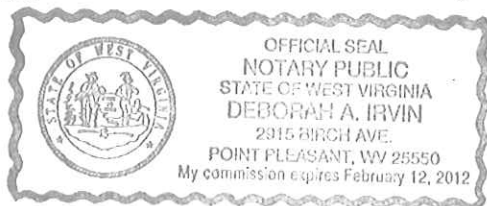
County of Mason, to-wit:

Taken, subscribed, and sworn to before me this 22nd day of November, 2011.

My Commission expires February 12, 2012

AFFIX SEAL HERE

NOTARY PUBLIC Deborah A. Irvin



State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. Application is made for 2.5% resident vendor preference for the reason checked:
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
- 2. Application is made for 2.5% resident vendor preference for the reason checked:
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 3. Application is made for 2.5% resident vendor preference for the reason checked:
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4. Application is made for 5% resident vendor preference for the reason checked:
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Mark E Bowman

Signed: [Signature]

Date: 11-22-11

Title: psychologist WV lic #554

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.