



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  
 HOP80127

PAGE  
 1

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

medline Industries Inc.  
 one medline Place  
 Mundelstein, IL 60260

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME: 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE		
OPEN-END BLANKET CONTRACT							
0001	36	BX		260-82	32.91	1184.76	
	TOOTHETTES W/DENTIFRICE, SINGLE WRAPPED, 250/BOX						
	mos96502 - 500 case						
0002	60	BX		260-82	4.00	240.00	
	POLIDENT DENTURE CLEANSING TABLETS OR EQUAL 60 TABS/BOX						
	mos1364052 90/Tabs						
0003	275	EA		260-82	77.16	1774.68	
	POLIGRIP DENTURE ADHESIVE OR EQUAL 1.4 OZ. TUBE						
	non63965 2.4oz tube - 12 case						
0004	180	BT		095-56	12.23	183.45	
	LOTION, HAND/BODY EQUAL TO SECURA, 8 OZ. BOTTLE						
	msc095362 - 12 cases						

**RECEIVED**  
 2008 MAR 27 A 9:46  
 PURCHASING DIVISION  
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cheresa J. Lantz</i>	TELEPHONE 866 212 2822	DATE 3-25-08
TITLE Bid Processor	FEN 362592602	ADDRESS CHANGES TO BE NOTED ABOVE

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. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum** - 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.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** 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. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** 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.

**SIGNED BID TO:**

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



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

RFQ COPY  
 TYPE NAME/ADDRESS HERE  
 midline Industries Inc.  
 one midline Place  
 Mundelein, IL 60062

SHIP TO  
 HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UQP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	940	BT		095-56	43.29 <sup>sp</sup>	20 cases 865.80
SHAMPOO, JOHNSON BABY NON-TEAR, OR EQUAL, 3.5 OZ BTL						
VENDORS MUST PROVIDE SAMPLE OF SHAMPOO THEY'RE BIDDING TO ALLOW THE NURSING STAFF TO TEST IT TO VERIFY THAT IT IS NON-TEARING, IF BIDDING OTHER THAN BRAND SPECIFIED.						
0006	142	BT		095-56	n/A	-
SHAMPOO, SELSEN BLUE OR EQUAL, 7 - 8 OZ. BOTTLE						
0007	145	EA		095-86	1.04 <sup>sp</sup>	153.70
SHAVE CREAM, REGULAR, EQUAL TO GOLGATE, 2.25 OZ. EA.						
0008	46	BT		095-86	n/A	-
PRE-SHAVE EQUAL TO LECTRIC SHAVE, 7 OZ./BOTTLE						
0009	45	BX		095-74	5.86	263.70
RAZORS, DISPOSABLE, TWIN BLADE OR EQUAL, 100/BOX						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Amanda L...* TELEPHONE: 866-212-2822 DATE: 3-25-08

TITLE: Bid Processor FEIN: 362596612 ADDRESS CHANGES TO BE NOTED ABOVE

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



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VENDOR

medline Industries Inc.  
 one medline Place  
 Mundelein, IL 60060

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
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02/26/2008				

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0010	61	BX		270-00	n/a	—
	THERMOMETER PROBE COVERS, DIATEK 600 OR EQUAL 100/BX (WELCH ALLYN)					
0011	103	GL		485-37	70.5	1834.30
	BATH TUB DISINFECTANT EQUAL TO CAVICIDE, PER GALLON MAP 131000 4 gal/cs 26 cases					
0012	65	CS		475-70	n/a	—
	BED PAD, CONVOLUTED, 2" X 76", 18 PER CASE					
0013	96	CS		475-70	n/a	—
	BED PAD SLEEVE TO FIT 76" PAD, 12/CASE					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Cheresa J. Deseruk	TELEPHONE 866 212 2822	DATE 3-25-08
TITLE Bid Processor	FEIN 362596612	ADDRESS CHANGES TO BE NOTED ABOVE

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 one medline Place  
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0014	27	CS		540-50	34.41	3441
	CUPS, PORTION, 1 OZ., SOLO OR EQUAL, 20-PK/CASE. non 24220 - 5000 case 250 CUPS/BAG. CUPS MUST BE COMPATIBLE WITH OCELCO PILL CRUSHER PAT #233533 VENDORS MUST PROVIDE SAMPLE OF CUP BEING BID TO VERIFY THEY WORK WITH EXISTING EQUIPMENT.					
0015	14	CS		475-70	31.44	440.16
	CUPS, MEDICINE, PLASTIC, 1 OZ. 50 TUBES/CASE 100 CUPS/TUBE. Dyno 80000					
0016	1	PR		998-67	7.73	7.73
	STOCKINGS, ANTIEMBOLISM, THIGH, SMALL PER PAIR MOS160724PH					
0017	12	PR		998-67	7.73	92.76
	STOCKINGS, ANTIEMBOLISM, THIGH, MEDIUM PER PAIR MOS160744PH					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Meredith Lane* TELEPHONE: 304-212-2822 DATE: 3-26-08  
 TITLE: Bid Processor FEIN: 3625916612 ADDRESS CHANGES TO BE NOTED ABOVE

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VENDOR

medline Ind. Inc.  
 one medline place  
 Mundelein, IL 60060

SHIP TO

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0018	4	PR		998-67	7.73	30.92
				STOCKINGS, ANTIEMBOISM, THIGH, LARGE PER PAIR		
				MDS 160764PH		
0019	20	PR		998-67	5.11	102.20
				STOCKINGS, ANTIBOLISM, KNEE, SMALL PER PAIR		
				MDS 160524 PH		
0020	26	PR		998-67	5.11	132.86
				STOCKINGS, ANTIBOLISM, KNEE, MEDIUM PER PAIR		
				MDS 160544 PH		
0021	54	PR		998-67	5.11	275.94
				STOCKINGS, ANTIBOLISM, KNEE, LARGE PER PAIR		
				MDS 160564PH		
0022	49	PR		998-67	5.11	250.39
				STOCKINGS, ANTIBOLISM, KNEE, X-LARGE PER PAIR		
				MDS 160584PH		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Cherise Dilanyk	TELEPHONE 8662122822	DATE 3-26-08
TITLE Bid Processor	FEIN 362596602	ADDRESS CHANGES TO BE NOTED ABOVE

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VENDOR

medline Ind. Inc.  
 one medline Place  
 Mundelein, IL 60060

SHIP TO

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0023	6	BX		270-00	61.32	367.92
	MULTISTIX, 10 SG, EQUAL TO BAYER 2161,			100/BOX		
	Amv 2161 Z					
0024	8	BX		270-00	n/a	—
	HEMA CHEK SLIDE TEST EQUAL TO BAYER 2592					
0025	18	EA		465-28	85.09	1531.62
	SHARPS COLLECTOR, 6.9 QUART, EQUAL TO B&D 305489, EA					
	B-D 305489 - 12 case only					
0026	19	BX		270-00	15.43	293.17
	CALMOSEPTINE OINTMENT OR EQUAL, 144PK/BOX,					
	3.5 GR/PK.					
	MSCD95384					
0027	184	EA		270-00	106.17	1592.55
	CALMOSEPTINE OINTMENT OR EQUAL, 8 OZ. TUBE					
	CAM 000104 - 4 OZ					
	12 case					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cheranda Casely</i>	TELEPHONE 81662122822	DATE 3-26-08
TITLE Bid Processor	FEIN 362592002	ADDRESS CHANGES TO BE NOTED ABOVE

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ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
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VENDOR

Medline Ind. Inc.  
 One Medline Place  
 Mundelein, IL 60060

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
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02/26/2008				
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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0028	52	GL		270-00 BATH OIL, EQUAL TO TLC 545-9, GALLONS TO FIT THE DISPENSER IN THE WHIRLPOOL TUBS.	N/A	—
0029	192	EA		260-82 TOOTHPASTE, .85 OZ. TUBE, COLGATE OR EQUAL	24.97	99.88 4 cases
0030	150	EA		095-68 FINGERNAIL CLIPPERS TEINI 1121 - 24 BOX	10.51	63.06 6 Boxes
0031	150	EA		095-68 TOENAIL CLIPPERS, REGULAR TEINI 1122 - 12 BOX	10.00	120.00 12 Boxes
0032	36	EA		095-47 COMB, 8" PLASTIC 7" MDS 137007 2	2.25	675 3 packs of 12

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 866-222-8222 DATE: 3-26-08

TITLE: Bid Processor FEIN: 3162596612 ADDRESS CHANGES TO BE NOTED ABOVE

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SHIP TO

medline Ind. Inc.  
 one medline place  
 Mundelein, IL 60060

SHIP TO

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0033	36	EA		095-47	32	11.52
	COMB, 5" PLASTIC					
	MDS137005H					
0034	10	EA		095-47	9.68	96.80
	HAIRBRUSH, PLASTIC REGULAR STYLE, 2 DOZEN PER BOX					
	NW I HBZ					
0035	200	EA		095-56	N/A	—
	DEODORANT, LADY SPEED STICK, 1.5 OZ. OR EQUAL					
0036	200	EA		095-56	N/A	—
	DEODORANT, MEN SPEED STICK, 2.25 OZ. OR EQUAL					
0037	120	PK		475-09	N/A	—
	CORN CUSHIONS, MEDIUM, DR. SCHOLLS OR EQUAL, 6/PKG.					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Melissa J. ...</i>	TELEPHONE 9162122822	DATE 3-26-08
TITLE Bid Processor	FON 312592612	ADDRESS CHANGES TO BE NOTED ABOVE

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



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PROPERTY

medline Ind. Inc.  
 One medline Place  
 Mundakin, IL 60060

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0038	100	BX		475-09	207	207.00
	ALCOHOL PREP PADS, 200/BOX MDS090730 H					
0039	3	CS		475-09	16.03	48.09
	GAUZE SPONGE, 2X2 NON-STERILE, 40 BAGS/CASE PRM 21208C					
0040	100	CS		485-13	N/A	—
	LIQUID DIAL W/MOISTURIZERS & VITAMIN E. OR EQUAL 4 GALLONS/CASE					
0041	3	CS		475-09	36.36	109.08
	GAUZE SPONGE, 4X4 NON-STERILE, 10 BAGS/CASE PRM 21423					
0042	10	CS		475-09	N/A	—
	WOUND WASH, BLAIREX, 7.1 OZ. OR EQUAL 12 CANS/CASE					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cheresa DeDono</i>	TELEPHONE 8662122822	DATE 3-26-08
TITLE Bid Processor	FEIN 3625916612	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0043	24	BX		475-63 HTP 3804 - 10 BOX	25.65	616.32
	COLOSTOMY POUCH, 2-3/4" HOLLISTER #3804 OR EQUAL					
	5 PER BOX					
0044	24	BX		475-63	n/a	-
	FLANGE, 2-3/4" SKIN BARRIER, 5/BOX					
	EXHIBIT 3					
	LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON ..... 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.					
	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.					
	RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: <i>Cherodan L...</i>	TELEPHONE: 810212 2822	DATE: 3-26-08
TITLE: Bid Processor	FEIN: 3625912012	ADDRESS CHANGES TO BE NOTED ABOVE

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HOSPITAL

medline Ind. Inc.  
 one medline place  
 mundekin, Fl. 32060

SHIP TO

HEALTH AND HUMAN RESOURCES  
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BID OPENING DATE: 03/27/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 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>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cheresia Lane</i>	TELEPHONE 8602122822	DATE 3-26-08
TITLE Bid Processor	FON 302591002	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:  
 HOP80127

PAGE:  
 12

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

medline Ind. Inc.  
 one medline Place  
 mundelein, IL 60060

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				

BID OPENING DATE: 03/27/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<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>REV. 04/11/2001</p> <p>INQUIRIES            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 3/13/2008. 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>PLEASE NOTE: VENDOR MUST BE ABLE TO SUPPLY AT LEAST 95% OF LISTED ITEMS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 8602122822	DATE 3-26-08
TITLE Bid Processor	FEN 362596012	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  
 HOP80127

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 13

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

RFQ COPY

TYPE NAME/ADDRESS HERE

*medline Ind. Inc.  
 one medline place  
 mundelein, IL 60060*

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				

BID OPENING DATE: 03/27/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4 (F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS. EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cheresa DeLaney</i>	TELEPHONE 8662122822	DATE 3-26-08
TITLE <i>Bid Processor</i>	FEIN 362596012	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  
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 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 HOP80127

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

RFQ COPY

TYPE NAME/ADDRESS HERE

POSTAL ADDRESS

*Medline Ind. Inc.  
 One medline Place  
 Mundelein, Il. 60060*

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UQP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) 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</p> <p>( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS 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</p> <p>( ) BIDDER IS A CORPORATION 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.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Yeresa Wilson</i>	TELEPHONE 860222822	DATE 3-26-08
TITLE <i>Bid Processor</i>	FAX 362596612	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  
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 Charleston, WV 25305-0130

# Request for Quotation

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

medline Ind. Inc.  
 one medline place  
 mundekin, IL 60060

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
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 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME		01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>( ) 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;</p> <p>OR</p> <p>( ) 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 BIDDERS' 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.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX &amp; 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) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; 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.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Verona Delaney</i>	TELEPHONE 8602122822	DATE 3-26-08
TITLE Bid Processor	FENS 30259402	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  
 HOP80127

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

RFQ COPY

TYPE NAME/ADDRESS HERE

PROPERTY OF STATE

Medline Ind. Inc.  
 one medicine Place  
 Mundelein, IL 60060

PROPERTY OF STATE

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>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.</p> <p>BIDDER: <u>Medline Ind. Inc.</u></p> <p>DATE: <u>3-26-08</u></p> <p>SIGNED: <u>Geresa DeLenczk</u></p> <p>TITLE: <u>Bid Processor</u></p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B".            (REV. 12/00)</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            BUILDING 15</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <u>Geresa DeLenczk</u>	TELEPHONE <u>812-22822</u>	DATE <u>3-26-08</u>	
TITLE <u>Bid Processor</u>	FEN <u>362962</u>	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

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 HOP80127

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 17

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

RFQ COPY

TYPE NAME/ADDRESS HERE

HOPSPIT

Medline Ind. Inc.  
 one medline place  
 mundenkin, W. Va

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
 TERRA ALTA, WV  
 26764 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/26/2008				
BID OPENING DATE: 03/27/2008		BID OPENING TIME: 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130  PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.  THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:  SEALED BID  BUYER:-----RW/FILE 22----- RFQ. NO.:-----HOP80127----- BID OPENING DATE:-----3/27/2008----- BID OPENING TIME:-----1:30 PM-----  PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----847-643-3355-----  CONTACT PERSON (PLEASE PRINT CLEARLY): -----Teresa P. Larcyk-----						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: Cleresa Silbert TELEPHONE: 847-222-2822 DATE: 3-26-08

TITLE: Bid Processor FEIN: 362596612 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  
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 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 HOP80127

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 18

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

RFQ COPY  
 TYPE NAME/ADDRESS HERE  
 medicine Ind. Inc.  
 one medicine Place  
 Mundelein, IL 60060

SHIP TO  
 HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 ROUTE 7  
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02/26/2008				

BID OPENING DATE: 03/27/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ HOP80127 ***** TOTAL:						11,584.99

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Athena DeLong* TELEPHONE 8102222872 DATE 3-27-08  
 TITLE Bid Processor FEIN 362591612 ADDRESS CHANGES TO BE NOTED ABOVE

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

**STATE OF WEST VIRGINIA  
PURCHASE CONTINUATION SHEET**

Page ____ of ____ Pages	Requisition / P.O. No.: HOP80127
File: RW22	Acct. No.: MUL MUL MUL
Spending Unit: HOPEMONT HOSPITAL	

Vendor: \_\_\_\_\_ P.O. Date: \_\_\_\_\_

Item No.	Quantity	Description	Unit Price	Amount
		REQUEST FOR QUOTATION TO PROVIDE AN OPEN END CONTRACT FOR THE FOLLOWING:		
1.	36 BX.	TOOTHETTES WITH DENTIFRICE OR EQUAL, SINGLE WRAPPED, 250/BOX.		
2.	60 BX.	POLIDENT DENTURE CLEANSING TABLETS OR EQUAL, 60 TABLETS/BOX.		
3.	275 EA.	POLYGRIP DENTURE ADHESIVE OR EQUAL, 1.4 OZ. TUBE.		
4.	180 BTL	LOTION, HAND/BODY, SECURA OR EQUAL, 8 OZ. EA.		
5.	940 BTL	JOHNSON BABY SHAMPOO, NON TEAR, OR EQUAL 3.5 OZ. BOTTLE. VENDORS MUST PROVIDE SAMPLE OF SHAMPOO THEY'RE BIDDING TO ALLOW THE NURSING STAFF TO TEST IT TO VERIFY THAT IT IS NON-TEARING, IF BIDDING OTHER THAN BRAND SPECIFIED.		
6.	142 BTL	SELSEN BLUE SHAMPOO, OR EQUAL 7-8 OZ. BOTTLE.		
7.	145 EA.	SHAVE CREAM, REG., COLGATE OR EQUAL, 2.25 OZ. EA.		
8.	46 BTL.	PRE-SHAVE, LECTRIC SHAVE OR EQUAL, 7 OZ. PER BTL.		
9.	45 BX.	RAZORS, DISPOSABLE, TWIN BLADE, 100/BOX.		
10.	61 BX.	THERMOMETER-PROBE COVERS, TO FIT DIATEK 600 WELCH ALLYN UNITS OR EQUAL, 100/BOX.		
11.	103 GL.	BATH TUB DISINFECTANT, CAVICIDE OR EQUAL, GALLON.		
12.	65 CS.	BED PAD, CONVOLUTED, 2" x 76", 18/CASE.		
13.	96 CS.	BED PAD, SLEEVE TO FIT 76" PAD, 12/CASE.		
14.	27 CS.	CUPS, PORTION, 1 OZ., SOLO OR EQUAL, 20-PK/CASE, 250 CUPS/PKG. CUPS MUST BE COMPATIBLE WITH OCELCO PILL CRUSHER PAT #233533. VENDORS MUST PROVIDE SAMPLE OF CUP BEING BID TO VERIFY THEY WORK WITH EXISTING EQUIPMENT.		
15.	14 CS.	CUPS, MEDICINE, PLASTIC, 1 OZ., 50 TUBES/CASE, 100 CUPS/TUBE.		
16.	1 PR.	STOCKINGS, ANTIBOLISM, THIGH, PAIR: SMALL		
17.	12 PR.	MEDIUM		
18.	4 PR.	LARGE		
19.	20 PR.	STOCKINGS, ANTIBOLISM, KNEE, PAIR: SMALL		
20.	26 PR.	MEDIUM		
21.	54 PR.	LARGE		
22.	49 PR.	X-LARGE		

STATE OF WEST VIRGINIA  
**PURCHASE CONTINUATION SHEET**

Page \_\_\_\_ of \_\_\_\_ Pages

Requisition / P.O. No.:  
HOP80127

File:  
RW22

Acct. No.:  
MUL MUL MUL

Vendor: \_\_\_\_\_ P.O. Date: \_\_\_\_\_

Spending Unit:  
HOPEMONT HOSPITAL

Item No.	Quantity	Description	Unit Price	Amount
23.	6 BX.	MULTISTIX, 10SG, BAYER 2161 OR EQUAL, 100/BOX.		
24.	8 BX.	HEMA CHECK SLIDE TEST, BAYER 2592 OR EQUAL.		
25.	18 EA.	SHARPS COLLECTOR, 6.9 QUART, B&D 305489 OR EQUAL.		
26.	19 BX.	CALMOSEPTINE OINTMENT OR EQUAL, 144 PK./BOX, 3.5 GR./PK.		
27.	184 EA	CALMOSEPTINE OINTMENT OR EQUAL, 8 OZ. TUBE.		
28.	52 GAL	BATH OIL, TLC 545-9 OR EQUAL, GALLONS TO FIT THE DISPENSER IN THE WHIRLPOOL TUBS.		
29.	192 EA	TOOTHPASTE, .85 OZ. COLGATE OR EQUAL.		
30.	150 EA	FINGERNAIL CLIPPERS.		
31.	150 EA	TOENAIL CLIPPERS, REGULAR.		
32.	36 EA	COMB, 8", PLASTIC.		
33.	36 EA	COMB, 5", PLASTIC.		
34.	10 BX.	HAIRBRUSH, PLASTIC REGULAR STYLE, 2 DOZEN/BOX.		
35.	200 EA	DEODORANT, LADY SPEED STICK, 1.5 OZ. OR EQUAL.		
36.	200 EA	DEODORANT, MEN SPEED STICK, 2.25 OZ. OR EQUAL.		
37.	120 PK	CORN CUSHIONS, MEDIUM, DR. SCHOLLS OR EQUAL, 6/PK.		
38.	100 BX	ALCOHOL PREP PADS, 200/BOX.		
39.	3 CS.	GAUZE SPONGE, 2" X 2" NON-STERILE, 40 BAGS/CASE.		
40.	100 CS	LIQUID DIAL W/MOISTURIZES & VIT. E OR EQUAL, 4 GAL./CS.		
41.	3 CS.	GAUZE SPONGE, 4" X 4" NON-STERILE, 10 BAGS/CASE.		
42.	10 CS.	WOUND WASH, BLAIREX, 7.1 OZ. OR EQUAL, 12 CANS/CS.		
43.	24 BX.	COLOSTOMY POUCH WITH 2-3/4" FLANGE - HOLLISTER #3804 OR EQUAL, 5 POUCHES/BOX.		
44.	24 BX.	FLANGE, 2-3/4" SKIN BARRIER, 5 PER BOX.		
		QUANTITIES LISTED ARE ESTIMATES ONLY. ACTUAL NEEDS OF THE FACILITY WILL BE PROVIDED, WHETHER THEY BE GREATER OR LESS THAN ESTIMATED.		
				Grand Total

STATE OF WEST VIRGINIA  
**PURCHASE CONTINUATION SHEET**

Page \_\_\_ of \_\_\_ Pages

Requisition / P.O. No.:  
HOP80127

File:  
RW22

Acct. No.:  
MUL MUL MUL

Spending Unit:  
HOPEMONT HOSPITAL

Vendor: \_\_\_\_\_ P.O. Date: \_\_\_\_\_

Item No.	Quantity	Description	Unit Price	Amount
		<p>BIDDERS WILL INCLUDE SHIPPING IN THE PRICE OF THE ITEM.</p> <p>SUCCESSFULL BIDDER WILL ACCEPT THE STATE OF WEST VIRGINIA PURCHASING CARD THROUGH VISA, AS PAYMENT, IN ARREARS.</p> <p>FACILITY WILL PLACE ORDERS TO THE SUCCESSFUL VIA TELEPHONE, ON AN AS NEEDED BASIS.</p> <p>AWARD WILL BE MADE TO THE LOWEST GRAND TOTAL BID OF ALL ITEMS BID.</p>		

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 exceed 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.

**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, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, 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.

**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. Vendors should visit [www.state.wv.us/admin/purchase/privacy](http://www.state.wv.us/admin/purchase/privacy) for the Notice of Agency Confidentiality Policies.

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

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum** - 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.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** 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. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** 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.

**SIGNED BID TO:**

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