



November 29, 2007

Attn: Roberta Wagner  
State of West Virginia  
Department of Administration  
Purchasing Division  
2019 Washington Street East  
PO Box 50130  
Charleston, WV 25305-0130

Bid No: MCH80447  
Due Date: 12/11/2007 @ 1:30pm

We appreciate the opportunity to bid on your Disposable Vaginal Speculum products. Since we currently provide products to government facilities around the state from our warehouses, Gulf South Medical Supply is aware of your special needs when it comes to medical equipment and supplies and we also understand the budget restrictions that government facilities face. By creating innovative customer solutions, we reduce your overall cost and drive efficiencies.

Gulf South Medical Supply is a publicly traded company, a distributor of medical supplies and equipment as well as housekeeping supplies. As a leading national distributor, Gulf South is able to leverage our expertise and buying power to offer you high quality, low cost products. We have end-user agreements with most of the manufacturers in the country as well as our own private label products. Gulf South has 12 distribution centers across the United States with 850,000 square feet of warehouse space holding \$30 million of inventory. GSMS processes over 75,000 orders per month, and can coordinate *delivery on our own trucks* - most deliveries are made within one day! Who you need, when you need them - Our dedicated Customer Service Team provides you with access to an assigned representative of Gulf South in your area, tenured customer service personnel in our call center (with extended hours) and a dedicated toll-free line

When you build a relationship with Gulf South Medical Supply you are building more than a relationship, you are building a partnership! Gulf South is guided by the unique philosophy that a medical supplier should be more than a source for supplies. We are a consultant and a partner that you can count on to bring you the solutions that reduce your overall costs and drive efficiencies. Gulf South is focused on providing you with the best products for your specific needs. We have proven ourselves as the market leader by offering our customer/partner with the most extensive service offering available. Allow Gulf South to be your partner

The Gulf South Guarantee is one you can count on! At Gulf South every decision is made with only the customer in mind. Gulf South's goal is to make your transaction with us a no-hassle experience. Our people will strive in every endeavor to make sure that our relationship is built on honesty, integrity, service and quality. You, our customer and partner, are our most valuable asset. If you are not pleased with every interaction, we will do what it takes to make it right

If I can answer any further questions that you may have, please feel free to contact us anytime at 1-800-760-6026 or by email [jedwards@gsms.com](mailto:jedwards@gsms.com).

I look forward this opportunity to serve the State of West Virginia!

Sincerely,

A handwritten signature in cursive script that reads "Jenni L. Edwards".

Jenni L. Edwards  
Director, State & Federal Contracts  
Gulf South Medical Supply



## **PROPOSAL**

### **Response to Bid**

MCH80447

Disposable Vaginal Speculum  
State of West Virginia

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

December 11, 2007 @ 1:30 p.m.

**SOME PART OF THIS DOCUMENT, AS IDENTIFIED ON INDIVIDUAL PAGES, ARE CONSIDERED BY THE SUBMITTER TO BE PRIVILEGED OR CONFIDENTIAL TRADE SECRETS OR COMMERCIAL OR FINANCIAL INFORMATION NOT SUBJECT TO MANDATORY DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT. MATERIALS CONSIDERED PRIVILEGED OR CONFIDENTIAL ON SUCH GROUNDS ARE CONTAINED ON PAGES MARKED WITH THE STATEMENT: "THIS DATA OR INFORMATION IS CONSIDERED PRIVILEGED OR CONFIDENTIAL, AND NOT SUBJECT TO MANDATORY DISCLOSURE UNDER THE FOIA."**



State of West Virginia  
 Department of Administration  
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 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
**MCH80447**

PAGE  
**1**

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

RFQ COPY

TYPE NAME/ADDRESS HERE  
 Gulf South Medical Supply, Inc.  
 4345 Southpoint Blvd  
 Jacksonville, FL 32216

HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/06/2007				

BID OPENING DATE: **12/11/2007** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN-END BLANKET CONTRACT						
0001	800	BX		475-97-01-001	\$36.96	\$29,568.00
	WELCH ALLYN KLEENSPEC DISPOSABLE VAGINAL SPECULUM					
	ITEM #58000, "OR EQUAL" 25 PER BOX, SIZE SMALL					
0002	800	BX		475-97-01-002	\$36.96	\$29,568.00
	WELCH ALLYN KLEENSPEC DISPOSABLE VAGINAL SPECULUM					
	ITEM #58001, "OR EQUAL" 25 PER BOX, SIZE MEDIUM					
<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, SPECIFICATIONS, AND PRODUCT SAMPLES. 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Denise Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	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)**

10

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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RFQ NUMBER  
**MCH80447**

PAGE  
**2**

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Gulf South Medical Supply, Inc.  
 4345 Southpoint Blvd  
 Jacksonville, Fl 32216

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
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BID OPENING DATE: **12/11/2007** BID OPENING TIME **01:30PM**

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<p>BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-1(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON JANUARY 1, 2008, 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 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jenna Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE

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**3**

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VENDOR

**RFQ COPY**  
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 4345 Southpoint Blvs  
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<p>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> <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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jenni L. Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE	

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<p><b>INQUIRIES</b></p> <p>WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON NOVEMBER 20, 2007.</p> <p>QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR EMAIL. 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            FAX: 304-558-4115            EMAIL: RWAGNER@WVADMIN.GOV</p> <p><b>VENDOR PREFERENCE CERTIFICATE</b></p> <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 I</p>						

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SIGNATURE <i>Denise Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE

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5

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<p>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> <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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Janis Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE

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PAGE
6

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TYPE NAME/ADDRESS HERE  
 Gulf South Medical Supply  
 4345 Southpoint Blvd  
 Jacksonville, FL 32216

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<p>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 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 style="text-align: right;">BIDDER: Gulf South Medical Supply, Inc</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jenni Edwards</i>	TELEPHONE 304-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE

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**7**

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>DATE: <u>11/29/07</u></p> <p>SIGNED: <i>[Signature]</i></p> <p>TITLE: <u>Director State &amp; Federal Contracts</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>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION          PURCHASING DIVISION          BUILDING 15          2019 WASHINGTON STREET, EAST          CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>BIDS MUST CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BIDS MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22          RFQ. NO.: MCH80447</p>						

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SIGNATURE <i>[Signature]</i>	TELEPHONE 904-380-4537	DATE 11/29/07
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# Request for Quotation

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BID OPENING DATE: **12/11/2007** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>BID OPENING DATE: 12/11/07            BID OPENING TIME: 1:30 P.M.</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>CONTACT PERSON:            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            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>REV 07/16/2007</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jenni Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	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  
**MCH80447**

PAGE  
**9**

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

ADDRESS

**RFQ COPY**  
**TYPE NAME/ADDRESS HERE**  
 Gulf South Medical Supply  
 4345 Southpoint Blvd.  
 Jacksonville, Fl 32216

SHIP TO

**HEALTH AND HUMAN RESOURCES**  
**BPH - OMCFH**  
**MATERIALS MANAGEMENT**  
**900 BULLITT STREET**  
**CHARLESTON, WV**  
**25301**                      **304-558-3417**

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
11/06/2007				

BID OPENING DATE: **12/11/2007**                      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MCH80447 ***** TOTAL:						<u>\$59,136.00</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jenni Edwards</i>	TELEPHONE 904-380-4537	DATE 11/29/07
TITLE Director State & Federal Contracts	FEIN 64-0831411	ADDRESS CHANGES TO BE NOTED ABOVE

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

STATE OF WEST VIRGINIA  
PURCHASING CONTINUATION SHEET

Buyer: 22	Page 2	Req or P.O. No: MCH80447
Spending Unit: WVDHHR/OMCFH		

Vendor:

Item No:	Quantity	Description	Unit Price	Amount
		<p>CONTRACT PERIOD: JANUARY 1, 2008 - DECEMBER 31, 2008 WITH THE OPTION TO RENEW FOR TWO ONE YEAR PERIODS</p> <p>COST OF SHIPPING MUST BE INCLUDED IN PRICE PER BOX QUOTED</p> <p>SHIPPING WILL BE TO ONE LOCATION. ORDERS WILL BE PLACED ON AN AS NEEDED BASIS TO REPLENISH STOCK AND INVENTORY.</p> <p>VENDORS BIDDING ON ALTERNATE PRODUCTS MUST SUBMIT PRODUCT SAMPLES AND PRODUCT LITERATURE</p> <p>BIDS TO BE REVIEWED BY PROGRAM DIRECTOR PRIOR TO AWARD</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 owned 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: Gulf South Medical Supply, Inc

Authorized Signature:  Date: 6/29/07



## **DRUG-FREE WORKPLACE POLICY**

In order to provide quality service and products for our customers and to ensure a safe drug-free workplace for our employees, it is Company policy to strictly prohibit the manufacture, distribution, dispensation, possession or use of illegal drugs, non-prescribed controlled substances, or alcohol in our workplace, on Company business or while operating a Company or leased vehicle. An employee who abuses drugs or alcohol creates a risk not only to the safety, security, and health of him or herself, but to the ability of the Company to provide quality services for our customers. The Company is committed to preventing drug and alcohol abuse in our workplace.

Use of illegal drugs, controlled substances, or alcohol results in the presence of substances in the body, which can lower a person's productivity, affect coordination, and slow reflexes. The use of unlawful drugs or controlled substances, including marijuana, can leave those substances in your body for as long as two or three days and in some cases ten days or longer. Employees at work with such substances in their system not only present a danger to our workplace and violate state and federal laws, but are also in violation of Company policy. Employees who violate this policy may be subject to termination. Employees at work under the influence of alcoholic beverages may be subject to termination.

To provide for a safer and more productive work environment, the Company may require as a condition of continued employment that an employee undergo laboratory testing to detect illegal drug or alcohol use. In order to detect the use of these substances, an employee may be directed to submit to urinalysis drug testing, a blood test or a breath scan. Any applicant who refuses to submit to the pre-employment drug test shall be ineligible for hire and any offer of hire is conditioned upon satisfactory drug test results. Employees who refuse to be tested or who test positive for the illegal use of drugs or the use of alcohol will be subject to discipline, up to and including termination of employment. Any illegal drugs found on the Company's property will be turned over to appropriate law enforcement authorities. An employee who causes an accident or injury on the job who refuses a drug test or whose test is confirmed positive will forfeit all workers' compensation medical and indemnity benefits and is subject to termination unless the employee can prove that the drugs did not contribute to the accident.

Employees who voluntarily come forward to admit a drug or alcohol problem before being asked to be tested will be given one opportunity to undergo rehabilitative treatment. Such an employee is responsible to successfully complete at his/her own expense such a Rehabilitative Treatment Program and must agree to comply with the requirements of a Relapse Prevention Program as well as follow-up drug testing prior to returning to work on a probationary basis. Refusal to submit to the Relapse Prevention Program or to follow all of the Rehabilitative Treatment Program's recommendations will result in immediate termination. If the employee works in a safety sensitive area or operates company vehicles or equipment, the employee may not be allowed to report to work during rehabilitation which will be determined by the company.



### **Equal Employment Opportunity**

Nondiscrimination and diversity are foundation principles in our Company. It is company policy to hire and promote the best qualified candidate measured against the requirements of the job, and to provide equal employment and advancement opportunity for all individuals without discrimination because of race, creed, color, gender, religion, age, national origin, disability, veteran, marital status or any other protected status.

The Company also makes reasonable accommodations for disabled employees if informed of the need for accommodation. Employees who would like to be considered for accommodation assistance should state in writing whether they have a mental or physical impairment that substantially limits one or more life activities, or have a record of such impairment, or have been regarded as having such an impairment. Employees should state and describe if there are any positions or types of positions for which they should not be considered, or job duties that they cannot perform because of physical or mental disabilities. Such description should include what accommodation, if any, the Company could possibly make to enable proper and safe job performance.

Information obtained concerning individuals requesting accommodations is kept confidential, except that leaders and managers may be informed regarding restrictions on the work duties of disabled individuals, and information regarding necessary accommodation.

This policy applies to all areas of employment, including recruitment, hiring, training, promotion, compensation, benefits, transfer, and social and recreational programs.

### **Affirmative Action Policy Statement**

It is the policy of PSS World Medical, Inc. to provide employment, training, compensation levels, transfer, or promotion opportunities and all other aspects of employment without regard to gender, race, color, religion, national origin, age, disability, veteran status or any other protected status.

When hiring or promotion activity occurs, we will take affirmative action to seek out qualified applicants. At PSS World Medical, Inc., all terms and conditions of employment are and will continue to be established on the basis of individual qualifications and ability to perform the job.

Cindi Stone, Director of Human Resources, is designated the Equal Employment Opportunity Officer of the company and is responsible for communicating and implementing this policy. PSS World Medical, Inc.'s Affirmative Action policies are available for review by all employees. If you have any questions, please feel free to contact Cindi Stone in Human Resources.



TIN# 64-0831411

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RE: *IMPORTANT Vendor Contact Information*

Please update our vendor information as follows:

All RFPs/quotes or contract information should be addressed to the Director at the corporate address.

Government Contracts Director - Jenni Edwards  
(RFP responses, contract renewals, general contract questions)

[jedwards@gsms.com](mailto:jedwards@gsms.com)

phone: 800-532-4035 xt 1647

fax: 904-332-3298

Corporate Address:

4345 Southpoint Boulevard

Jacksonville, Florida 32216

904-332-3000

All orders and inquiries should be placed through GSONline, customer service or your local Gulf South rep.

Mary Ann McGowen @ 800-532-4035 x 2183 or [mmcgowen@gsms.com](mailto:mmcgowen@gsms.com)

Customer Service: (Orders/Customer Assistance)

173 E. Market Ridge

Ridgeland, MS 39157

Phone: 1-800-760-6026

Fax: 1-888-857-9397

All payments and payment inquiries should be directed to the A/R Department.

Accounts Receivable: Velma Pearson – 904-332-3134

Pay To Address: 4345 Southpoint Blvd.  
Jacksonville, FL 32216

Should you have questions or need additional information, please feel free to contact us.



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## REFERENCES

Commonwealth of Virginia  
Department of General Services  
1111 East Broad St.  
Richmond, VA 23218-1199

Contact: Tina Mizelle  
Phone: 804-786-1603  
Fax: 804-225-3707  
*Statewide Prime Vendor Incontinence*

State of Mississippi  
Department of Finance & Administration  
1401 Woolfolk Bldg., Suite A  
501 North West Street  
Jackson, MS 39201

Contact: Carolyn Jenkins  
Phone: 601-359-3409  
Fax: 601-359-3910  
*Contract for Medical Supplies*

State of Louisiana  
Pinecrest Developmental Center  
100 Pinecrest Dr.  
Pineville, LA 71361

Contact: Sandra Birdwell  
Phone: 225-342-8043  
Fax: 225-342-8688  
*Contract for Medical Supplies*

State of Maine  
Department of Administrative & Financial Services  
9 State House Station  
Augusta, ME 04333

Contact: Denice Baron  
Phone: 207-624-7340  
Fax: 207-287-6578  
*Contract for Medical Supplies*

The Evangelical Lutheran Good Samaritan Society  
4800 West 57<sup>th</sup> Street  
Sioux Falls, SD 57108

Contact: Kelly Soyland  
Phone: 605-352-3100  
*National Account for Medical Supplies  
200 Facilities*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KG  
GULFS-1

DATE (MM/DD/YYYY)  
05/24/07

<b>PRODUCER</b>  Harden & Associates, Inc. 806 Riverside Ave. Jacksonville FL 32204 Phone: 904-354-3785 Fax: 904-634-1302	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Gulf South Medical Supply, a PSS/World Medical Inc. Company 4345 Southpoint Blvd Jacksonville FL 32216	INSURER A: Zurich American Insurance Co	16535
	INSURER B: National Union Fire Ins Co of	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	GLO373056203	06/01/07	06/01/08	EACH OCCURRENCE \$ 2000000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000				
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 2000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP373056303	06/01/07	06/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 2000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
B	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	9834920	06/01/07	06/01/08	EACH OCCURRENCE \$ 2500000
					AGGREGATE \$ 2500000
					\$
					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC373056103 <small>(EXCEPT ND, OR, WA, WV, WY)</small>	06/01/07	06/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  FORPR-1  FOR PROPOSAL PURPOSES	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Kayla S Grimes</i>

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Gulf South Medical Supply, Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt or suite no.) <b>4345 Southpoint Blvd</b>	
City, state and ZIP code <b>Jacksonville, FL 32216</b>	
List account number(s) here (optional)	
Requester's name and address (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
6	4	0	8	3	1	4	1	1

### 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. person (including a U.S. resident alien).

**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 on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Irish Widell</i>	Date ▶ <i>01/01/06</i>
------------------	------------------------------------------------	------------------------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.


**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



*Medical Supply Program*

**GULF**  **SOUTH**  
MEDICAL SUPPLY

## ***Because you want more than just a supplier... you want a Partner***

---

*When you build a relationship with Gulf South Medical Supply you are building more than a relationship, you are building a partnership! Gulf South is guided by the unique philosophy that a medical supplier should be more than a source for supplies. We are a consultant and a partner that you can count on to bring you the solutions that reduce your overall costs and drive efficiencies. Gulf South is focused on providing you with the best products for your specific needs. We have proven ourselves as the market leader by offering our customer/partner with the most extensive service offering available. **Let Gulf South be your partner.***

The Gulf South Guarantee is one you can count on!

At Gulf South every decision is made with only the customer in mind. Gulf South's goal is to make your transaction with us a no-hassle experience. Our people will strive in every endeavor to make sure that our relationship is built on honesty, integrity, service and quality. You, our customer and partner, are our most valuable asset. If you are not pleased with every interaction, we will do what it takes to make it right. We appreciate this opportunity to serve you!

# *Gulf South Product Categories*

What you need, when you need it...

Access to our nationwide inventory reduces backorders.

---

## Medical Supplies

- Blood & Urine Testing
- Wound Care - Advanced
- Wound Care - General
- Infection
- Ostomy
- General Nursing
- Respiratory
- Urology
- Skin Integrity
- Equipment
- Enteral & Oral Feeding
- Select Private Label

➤ Over-the-Counter

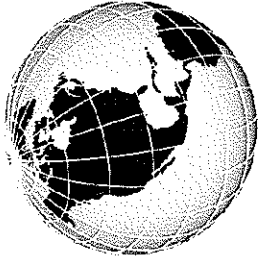
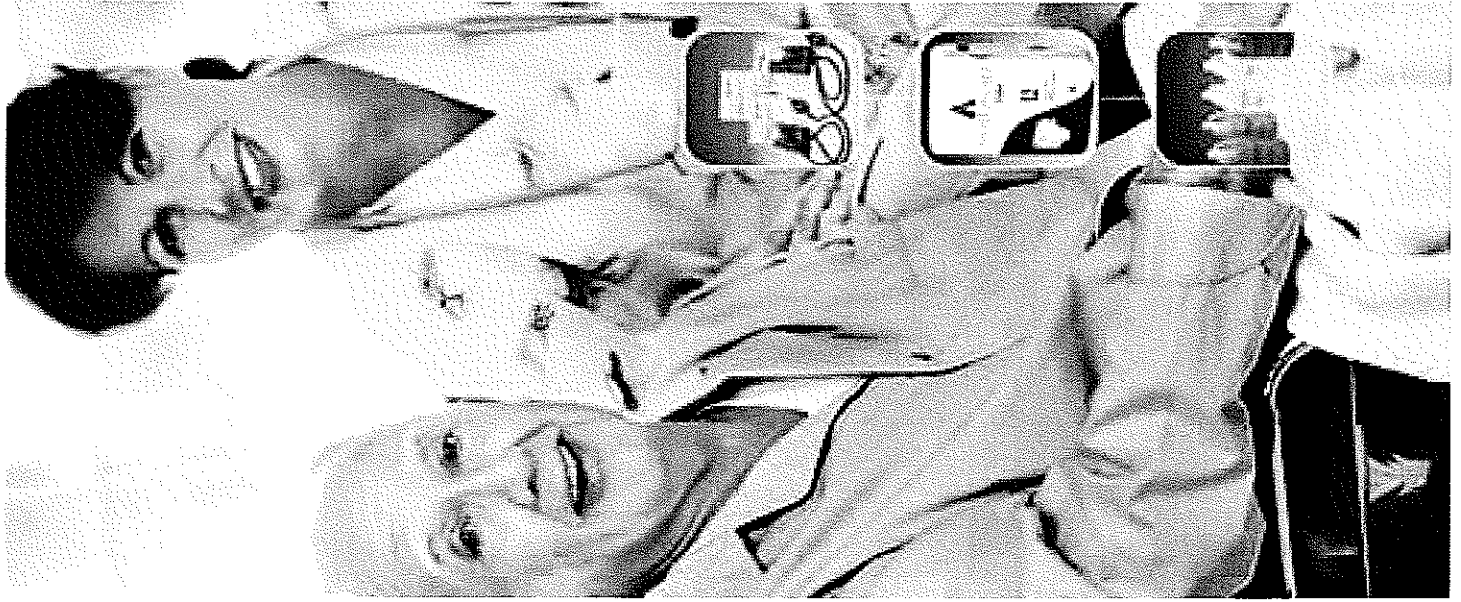
➤ Personal Care

## Housekeeping

Our program offers leading brand name manufacturers and products at a reduced cost. So increase efficiency, optimize your facility's appearance and cleanliness, and stay under budget. Gulf South has the ANSWERS you've been looking for.

...*And More*





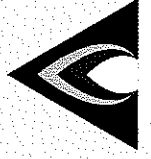
# GS Select

*Reorder from Gulf South Medical Supply*

As a leading national distributor, Gulf South is able to leverage our expertise and buying power to offer you high-quality, low-cost products on over 250 of the most popular items you buy. In today's ever changing reimbursement environment, Gulf South constantly works to bring you solutions to meet your profit goals.

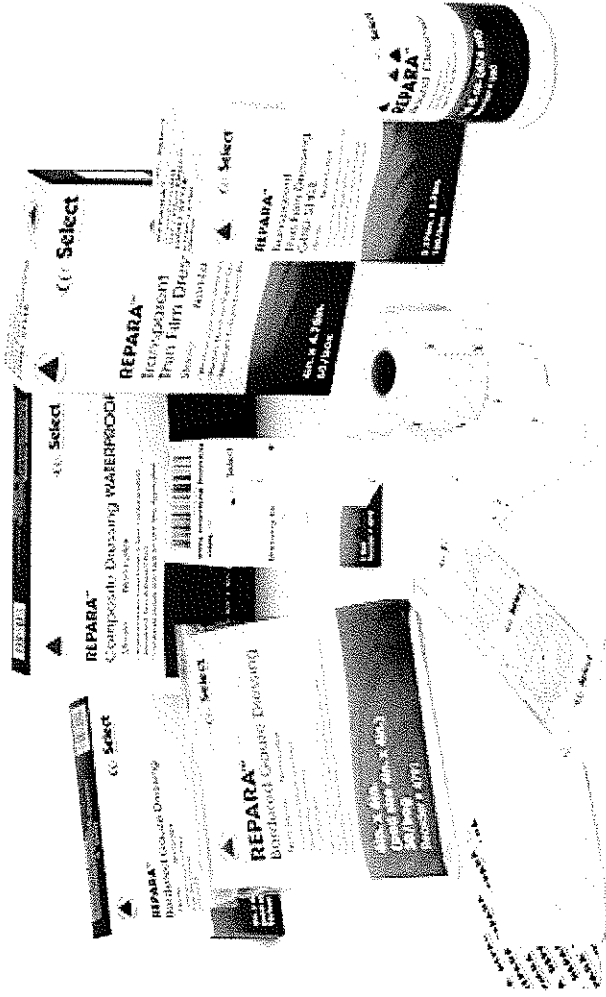
**GS Select** is one of those many solutions offering:

- Incontinence
- Equipment and Mattresses
- Personal Care
- Wound Care
- General Nursing Supplies
- Housekeeping



# Repara Family of Products

All SELECT REPARA Advanced Wound Care Products are Manufactured to Exacting Quality Standards. They're guaranteed to meet your expectations and to meet or exceed the performance of top-selling national brands.



# Name Brand Manufacturers



## Benefits Include:

- CEU In-Service Programs
- Clinical expertise in all primary categories
- Manufacturer End-User agreements

# GULF SOUTH MEDICAL SUPPLY HOUSEKEEPING PROGRAM

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## Housekeeping Categories

**Paper Products** (hand towels, toilet tissue, etc.)

**Can Liners** (high density, low density, specialty liners, etc.)

**Floor Care Equipment** (vacs, scrubbers, buffers, burnishers, etc.)

**Chemicals** (toilet bowl cleaners, general cleaners, disinfectant cleaners, floor care products, carpet care products, etc.)

**Mops & Mopping Equipment** (wet mop heads, dust mop heads, handles, etc.)

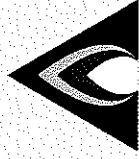
**Cleaning Accessories** (brooms, brushes, gloves, safety products, receptacles, etc.)

**Floor Pads & Floor Matting** (all colors and sizes)

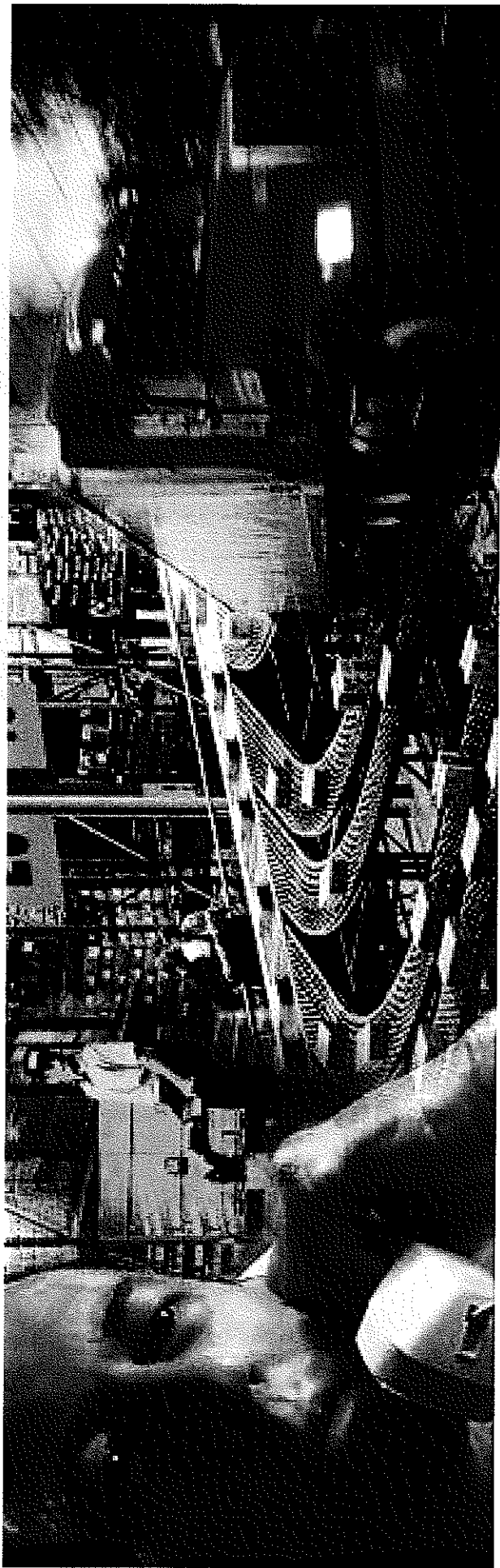
**Hand Care** (hand soaps, hand sanitizers, lotions, etc.)

**Feminine Hygiene Products** (toilet seat covers, waxed disposable liners, tampons, vending units, etc.)

**Rubbermaid Products** ( inmate cell cans, step-on cans, recycling cans, etc.)



# *Our Distribution Capabilities*



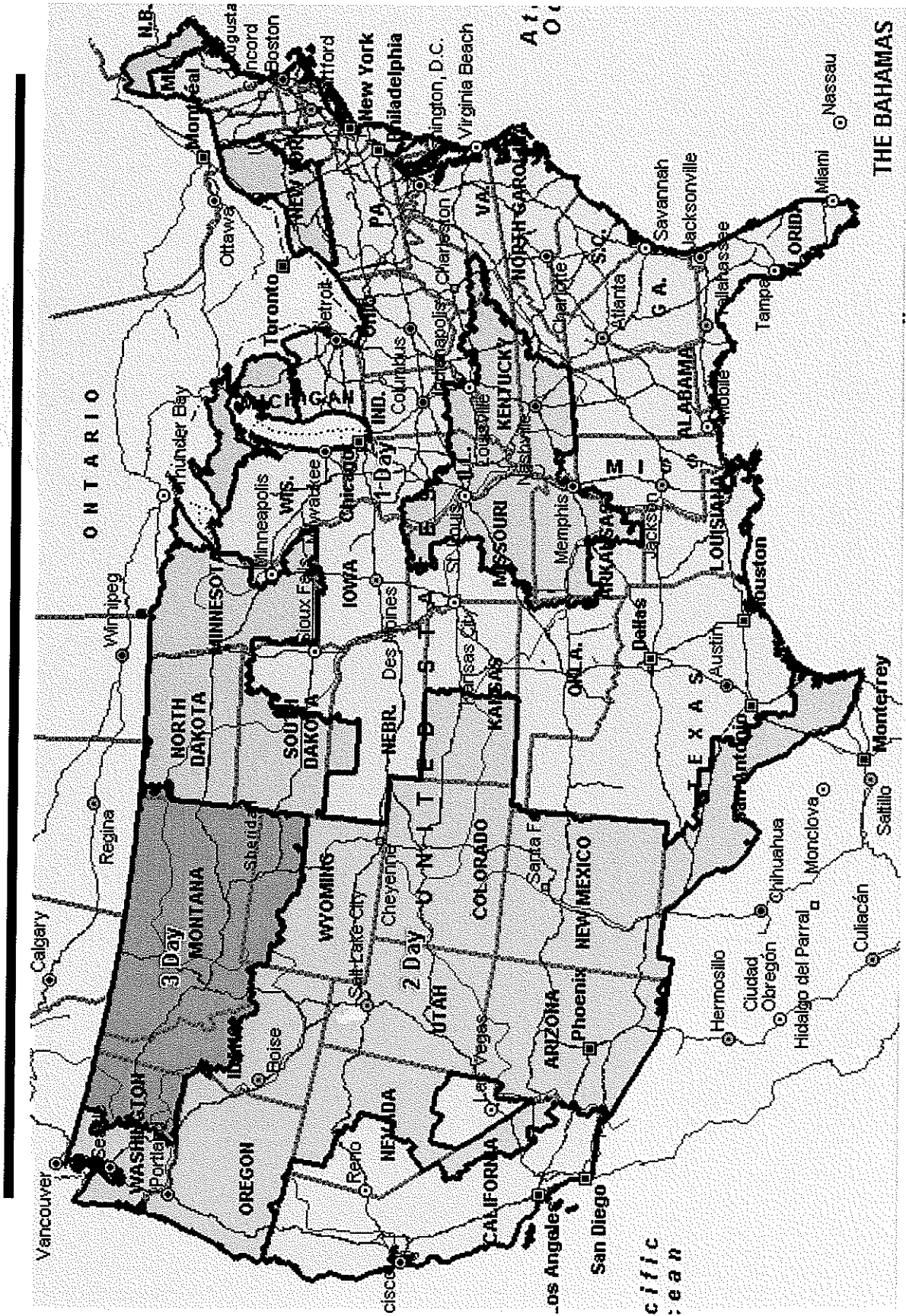
# *Distribution Capacity*

- ◆ 12 Distribution Centers Across US ◆ 850,000 Square Feet of Warehouse Space ◆ 30 Million Dollars of Inventory ◆ Approximately 6000 Line Items Per DC ◆ Process Over 75,000 Orders per Month

- ❖ Atlanta, Georgia
- ❖ Columbus, Ohio
- ❖ Dallas, Texas
- ❖ Harrisburg, Pennsylvania
- ❖ Jackson, Mississippi
- ❖ Madison, Wisconsin
- ❖ Omaha, Nebraska
- ❖ Manchester, New Hampshire
- ❖ Orlando, Florida
- ❖ Raleigh, North Carolina
- ❖ Ontario, California
- ❖ Sacramento, California

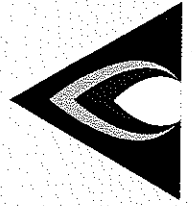


# Gulf South Product Time in Transit



# *Gulf South Delivery Schedule*

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# *Value Added Services & Technology*



**The tools you need, when you need them...**

## *Gulf South Dedicated Customer Service*

Who you need, when you need them...

Access to an assigned sales representative in your area.

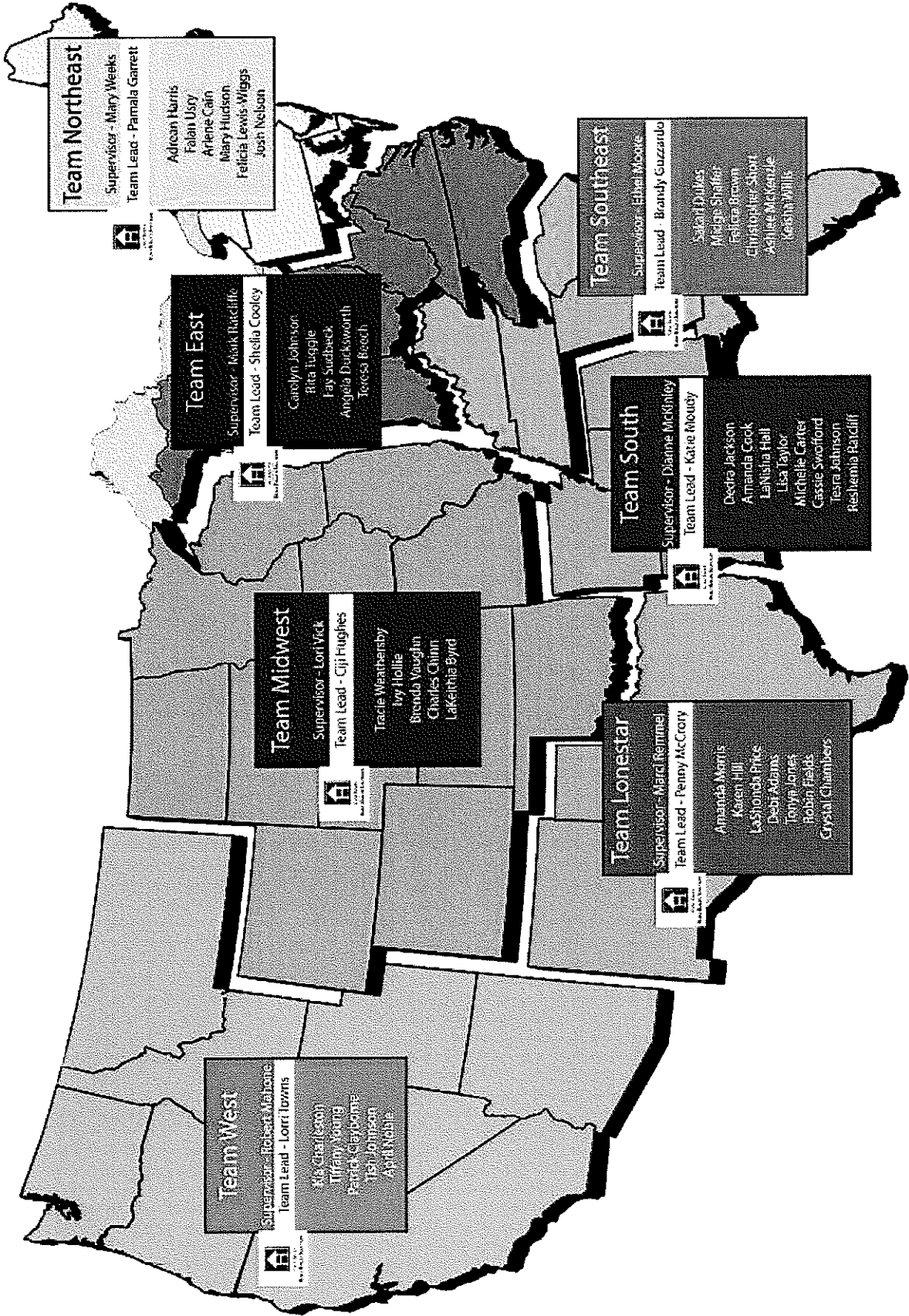
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**Gulf South Medical Supply will also provide a dedicated Customer Care team for your facility**



- **Tenured Customer Service Personnel**
- **Account Specific Training**
- **Dedicated Toll-Free Line**
- **Support Formulary Initiatives**

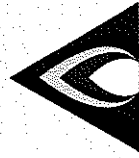
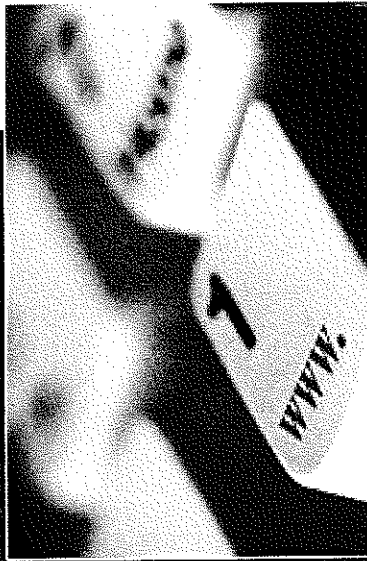
# Dedicated Customer Care Teams



# QSONLINE

## **An Internet-Based Customer Order and Information System**

- **Place Orders From Any Remote Site**
- **Check Product Pricing and Availability**
- **Check Order Status**
- **Super User Options Available**
- **Verify Shipment Using UPS Tracking System**
- **Create Customized Usage Reports**





# CEU Course Material



**Gulf South Medical Supply**  
**CEU Course Listing**  
 Main Menu | CEU Course Menu



## First Quality Products - Incontinence

Course Title	Description	Contact Hours	Program Type	Approvals	Lead Time	Cost	Order
Continence Management - A Lesson in Individualized Care	Interactive program provides information on types of incontinence, risk factors, care options and screening for appropriate disposable incontinence products to promote the health and well-being of the incontinent. Click here for more information.	1	Online or Study Guide	Nurse: Yes PT/PTA: NO Pharm: NO Case Mgr: NO LTC Admin: NO Physician: NO CNA: Yes Reg Dietitian: NO	0		<input type="checkbox"/>
Cost and Care Solutions for Continence Management: A Lesson in Managing Incontinence	Interactive program provides information on designing a cost and clinically efficient resident focused continence management program in the long term care settings. Click here for more information.	1	Online or Study Guide	Nurse: YES PT/PTA: NO Pharm: NO Case Mgr: NO LTC Admin: NO Physician: NO CNA: Yes Reg Dietitian: NO	0		<input type="checkbox"/>

Name:

Title:

Facility:

Street:

City, State Zip:

Phone Number:

Email Address:

[Back](#)



## Material Safety Data Sheets

[Home](#) [Product Description](#) [Manufacturers](#)

A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z - Other - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

Gulf South Item #:

MFG Code:

Manufacturer:

Manufacturer Product #:

Product Description:

Sort By:

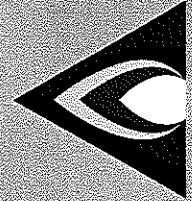
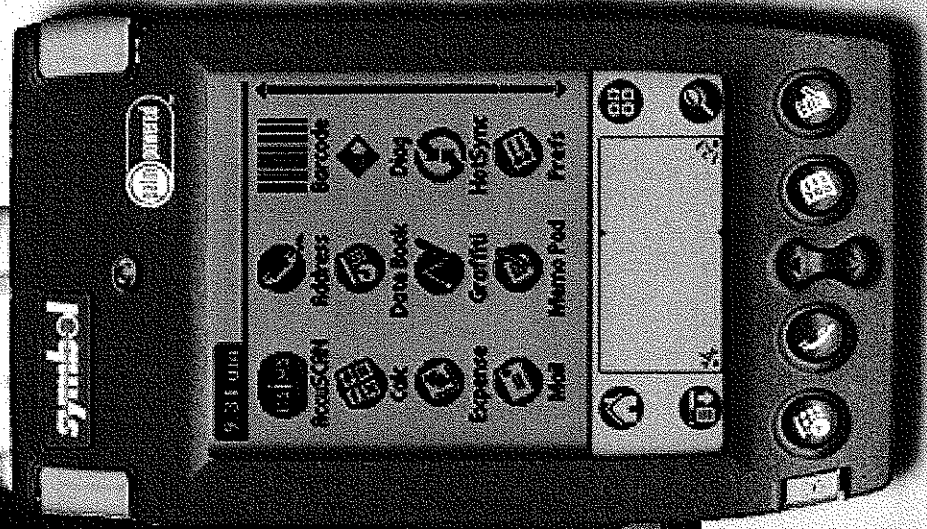
For MSDS not found, please contact your local branch or click [HERE](#) to send a request.

# FAST

FAST ACCURATE SUPPLY TECHNOLOGY

**And Easy!**

- Reduce order time by 50% or better
- Increase order accuracy
- Increase inventory efficiencies
- Flexible ordering options



# AccuSCAN

**A bar code driven inventory control system that accurately captures and documents charges allowing you to maximize your reimbursement and profits**

- **Reduce time requirements for ordering**
- **Improve inventory control and reduce lost inventory**

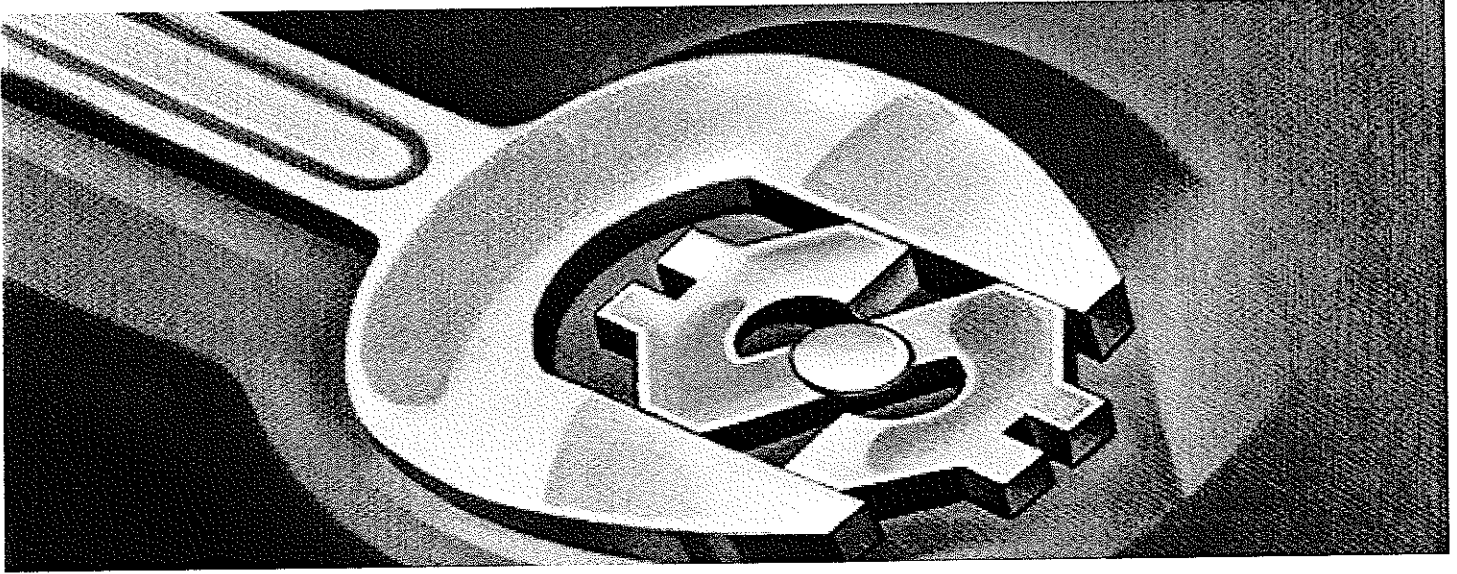
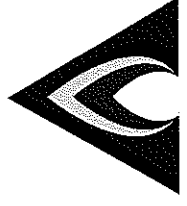


# **BUDGET MANAGER**

**"For the Serious Purchasing Agent"**

## **Gulf South Customers Can:**

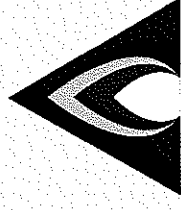
- **Manage their medical supply budget by a "spend down" or "PPD" basis**
- **Get real time budget information by totals and/or key product categories**
- **Be alerted when they have exceeded their budget**
- **Monthly and Y-T-D budget status reports**



# ***Our Strategic Initiatives***

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- **Create Innovative Customer Solutions**
  - Reducing Your Overall Costs & Driving Efficiencies
- **Be The Employer of Choice**
  - Providing You With The Best Trained & Educated Sales and Support Team
- **The Center of Operation Excellence Through Innovation & Technology**
  - Providing You With World Class Services
- **Conduct Our Business In A Legal And Ethical Manner**



*Your Partner for the Future!*



Jenni Edwards, Director State and Federal Contracts

[jedwards@gsms.com](mailto:jedwards@gsms.com)

1-800-760-6026