



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:
ADJ09014

PAGE:
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
**JOHN ABBOTT
304-558-2544**

RFQ COPY
TYPE NAME/ADDRESS HERE
*Mountaineer Family Care Center
2287 S. Mountaineer Hwy
Thornton WV 26440*

ADJUTANT GENERAL'S DEPARTMENT
MOUNTAINEER CHALLENGE PROGRAM
CAMP DAWSON
240 ARMY ROAD
KINGWOOD, WV
26537
304-341-6406

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS		
05/31/2009						
BID OPENING DATE: 06/23/2009		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		948-74		
PROFESSIONAL MEDICAL SERVICES				<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">2009 JUN 22 A 9:27</p> <p style="text-align: right;">PURCHASING DIVISION STATE OF WV</p>		
<p>OPEN-END CONTRACT TO PROVIDE PROFESSIONAL MEDICAL SERVICES FOR THE MOUNTAINEER CHALLENGE ACADEMY, PER THE ATTACHED SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>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.</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</p>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>[Signature]</i>			TELEPHONE 304-265-6963		DATE 6/19/09	
TITLE <i>Owner</i>		FBIIN 20-0597218			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 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
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 preferences 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, the State may deem this contract null and void, and terminate such contract 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 Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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 case 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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
ADJ09014

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
JOHN ABBOTT
304-558-2544

RFQ COPY
 TYPE NAME/ADDRESS HERE

ADJUTANT GENERAL'S DEPARTMENT
 MOUNTAINEER CHALLENGE PROGRAM
 CAMP DAWSON
 240 ARMY ROAD
 KINGWOOD, WV
 26537
 304-341-6406

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
05/31/2009				
BID OPENING DATE: 06/23/2009		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	UNIT PRICE	AMOUNT
<p>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> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE</p>				

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 304-265-1963 DATE: 6/19/09

TITLE: owner FEIN: 20-0597218 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
 ADJ09014

PAGE
 3

ADDRESS OF RESPONDENCE / ATTENTION OF
 JOHN ABBOTT
 304-558-2544

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

ADJUTANT GENERAL'S DEPARTMENT
 MOUNTAINEER CHALLENGE PROGRAM
 CAMP DAWSON
 240 ARMY ROAD
 KINGWOOD, WV
 26537 304-341-6406

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
05/31/2009				
BID OPENING DATE: 06/23/2009		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	UNIT PRICE	AMOUNT
<p>CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT 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. 05/26/2009</p> <p>NOTICE</p> <p>A 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>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: JOHN ABBOTT (32)</p> <p>RFQ. NO.: ADJ09014</p> <p>BID OPENING DATE: 6/23/2009</p>				

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 304-265-6963 DATE: 6/19/09

TITLE: owner FEIN: 20-0597218 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
ADJ09014

PAGES
4

ADDRESS CORRESPONDENCE TO ATTENTION OF
**JOHN ABBOTT
304-558-2544**

RFQ COPY

TYPE NAME/ADDRESS HERE

RFQ COPY

**ADJUTANT GENERAL'S DEPARTMENT
MOUNTAINEER CHALLENGE PROGRAM
CAMP DAWSON
240 ARMY ROAD
KINGWOOD, WV
26537
304-341-6406**

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS		
05/31/2009						
BID OPENING DATE: 06/23/2009		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOM	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
BID OPENING TIME:				1:30 PM		
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 304-265-6963						
CONTACT PERSON (PLEASE PRINT CLEARLY): Shannon Wolfe						
***** THIS IS THE END OF RFQ ADJ09014 *****						TOTAL: _____
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>[Signature]</i>			TELEPHONE 304-265-6963		DATE 6/19/09	
TITLE owner		FAX 20-0597218			ADDRESS CHANGES TO BE NOTED ABOVE	

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

The Mountaineer Challenge Academy (MCA), a State Program under the Adjutant General's Department -- WV Military Authority, seeking bids from a Medical Provider to give medical support for their residential student population. Students, called Cadets, are age 16-19, male and female residents of WV who reside at Camp Dawson, Kingwood, WV. The required support periods are two (2), twenty-two week periods each year generally mid July to mid December and Mid January to Mid June. In order to align the contract with the MCA fiscal year, the initial contract will be July 1, 2009 through June 30, 2010. (Starting date of initial contract is negotiable.)

Primary requirements of the contract include the following.

Vendor **shall provide** a professional medical continuum of care for the Cadets attending the MCA that follows the medical industry's standards of care. This **will include**; but is **not limited to**: sick call on-site, sports physicals, immunizations, office calls at the provider's location, and referrals to specialist as needed. The vendor **will provide** the necessary office support and hospital care necessary as a result of this contract. The vendor **will be sensitive** to gender issues of the Cadets and **will provide** a same gender support person when an exam is to be performed by a medical professional of the different gender. As the first line of medical care, the vendor **must have** "on-call" telephone support available to the MCA after hours.

Vendor **shall provide** on-site (at Camp Dawson) sick call and triage, Monday through Friday of each cycle. Vendor **will conduct** sick call when school is in cycle from 0700-0800 (Longer time frame if warranted by number of sick calls.) The MCA makes available to the vendor a small office suitable for conducting sick call examinations with easy access to a rest room. The MCA provides a telephone, a computer with local area network access, and a vehicle for necessary medical support activities. Sick call consists of diagnosing and treating minor medical problems and determining whether an off-site office visit or additional care is necessary. Cadets will complete a "sick call" form identifying their medical complaints, durations, etc. The MCA Staff will provide additional comments and observations when available on the same form. The medical personnel **will complete** the form following the exam with instructions to the MCA Staff regarding medications, appointments, or future treatment and provide a copy to the MCA. The vendor **will use** the MCA Medical Wristband Procedure to further identify Cadets limitations. The vendor **will provide** consumable/expendable items necessary for sick call: i.e. samples medications (to reduce Cadet's cost), bandages, disposal of all sharps etc. The health care provider may be a doctor, physician assistant, paramedic or nurse practitioner at the Vendor's discretion but **must** be under the insurance and supervision of a licensed physician.

6

Vendor shall conduct sports type physical exams On-site (Camp Dawson-MCA) for approximately 120 applicants (but no more than 160 applicants) on the first Monday and Tuesday at the beginning of each class. A fourth of the class on Monday morning, one fourth on Monday afternoon and a fourth each on Tuesday morning and afternoon. This rotation supports the MCA training schedule. All physical exams are to include the determination of suitability for participation in the MCA 22-week program with concerns for physical and mental health. MCA will provide a completed medical history form and physical form for each applicant. Vendor must provide all material and labor required for the examinations. The physical exam will include screening for color blindness. The physical exam for all females will include a pregnancy test prior to the Cadet receiving any immunizations. The vendor will provide a full review of all applicants following the physical exams. This review will include current diagnosis and medications, food allergies, limiting factors and/or concerns regarding the applicants physical and mental ability to function in the program, and identify any follow-up requirements. The purpose for the review is for the MCA Staff to review the acceptance criteria. The vendor will discuss, with Senior MCA Staff at the end of the exams, any Cadets who are not suitable for the program and those with required follow-up.

Vendor will provide a medical technician or medical assistant operating under the insurance and supervision of the Provider to be on-site daily for approximately four hours. This person will manage Cadet medical records. This individual will be responsible for coordination appointments, care and medications with MCA Staff. This person will be responsible for dispensing all medications for Cadets, whether it is brought from home or prescribed while attending the MCA. Medication management is done on a daily basis with all medications packaged and given to the MCA Senior Squad Leader. When medications / prescriptions are new or refilled at the local pharmacy, the medical technician or medical assistant is responsible for picking them up and working them into the system. The MCA provides a vehicle for transportation. All charts, medications (ordering and dispensing), appointment coordination, insurance coordination, and medical records management are to be completed by this position.

Vendor must attend Opening Day for each cycle held twice annually, mid July and mid January, on a Sunday at the Craig Civic Center, Kingwood, WV. The vendor will supply adequate staff to work two stations to:

- a. Collect and document the name and amount of medications brought with the Cadet on Opening Day.
- b. Transport medications to the Academy. Secure medications as needed. Prepare medications for on-site distribution with Cadre Staff.
- c. Complete urinalysis as required for sports physical (sugar, protein, pregnancy for females, etc.) to identify any Cadets that might need

retesting during the physical examines that will follow during the next two days.

Vendor **must provide** and administer immunizations required. The MCA will identify any applicants who have shot records documenting previous immunization. These immunizations will not be duplicated for those applicants having proof of meeting the requirements. The following are required at this time:

- a. Diphtheria-Tetanus (adult) booster to each Cadet, at the time of the physical examination, qualified to enter the program.
- b. Tuberculosis screening (Adult PPD). All MCA staff annually and each Cadet must be screened.

Off-site office appointments at the vendor's main office may be necessary when the environment and or time constraints of sick call prevent adequate care. All efforts will be made by the vendor to handle Cadets needs on-site to reduce the number of off-site medical appointments. In the location provided by the MCA, the vendor will plan and maintain well-stocked and sanitary exam/office location to facilitate on-site sick call. The vendor will **facilitate** easy access to the vendor's off-site appointments, which will result in a minimum of "time out of the school day" for the Cadets.

Financial compensation for this contract will be generated from patient billing not from the State of WV-MCA. Vendor will be responsible for all billing issues for those Cadets with insurance and those who are uninsured. Vendor will coordinate with insurance providers when per-authorization is necessary to facilitate the required or recommended treatment. The vendor is responsible for coordination all off-site appointments with MCA, other service providers, and Cadet Families. The hourly rates of the Medical Technician, Physician Assistant, and Nurse Practitioner as they relate to on-site sick call coordination, medication dispensing, and opening day registration coordination will be billed to the Mountaineer Challenge Academy.

Vendor **must have** and maintain physician privileges at Preston Memorial Hospital. Vendor **must utilize** Preston Memorial Hospital for treatment and lab work when not available through their practice.

Vendor **must have** office practice within a twenty (20) mile radius of Camp Dawson and in close proximity to Preston Memorial Hospital to reduce "time away from class" and to expedite treatment. Vendor to provide physical address of office and supporting directions to their office in the space provided below:

Address: 301 S. Price Street Suite 4
Kingwood WV 26537

8

Directions: From Dawson: Take Rt 7 West to 3rd stop light,
turn left onto South Pine Street. Follow South
Pine Street to Preston Memorial Hospital on left.
We are in the lower level of the Physicians
Office Building located to the left of the hospital.

****Please see the attached class schedule and medical form samples. Included in the attachment is the Cadet Medicine Check-In for Opening Day page 1 & 2, Sick Call Form page 1 & 2, Cadet Medication Log, Physical examination Form page 1 & 2 and the WV Early & Periodic Screening, Diagnosis & Treatment Health Check page 1 & 2.**

Insurance Requirements:

The successful vendor, prior to the award of a Contract, shall provide Certificates of Insurance as follows and shall maintain such coverage in force during the life of the Contract. The Regional Jail and Correctional Facility Authority shall be named as an additional insured on all such Certificates of Insurance. Each Certificate of Insurance or Policy shall contain a covenant by the issuing company that no policy will be canceled or amended without thirty (30) day written notice made to the Regional Jail and Correctional Facility Authority by the issuing company. All insurance premiums shall be paid by the Contractor.

Workers' Compensation Statutory Benefits:

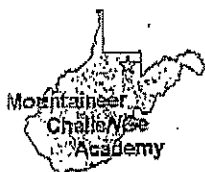
Medical Malpractice: Medical malpractice Insurance shall be maintained for all medical professional staff with the following limits: \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate limit.

Professional Liability: Contractor shall provide professional liability coverage for all employees with the following limits: \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate limit.

License Requirements:

The Contractor shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this Contract.

The Contractor is responsible for all taxes as well as the acquisition of and all costs associated with licensures, taxes, fees, bonds, permits, Workers Compensation, accreditation and all other costs associated in the fulfillment of this contract.



Mountaineer Challenge Academy

CADET MEDICINE CHECK-IN (page 1 of 2)

CADET NAME: _____

DATE OF BIRTH _____

ALLERGIES: MEDICATION _____
INSECTS _____

FOOD _____
SEASONAL _____

Drug _____ Date: _____
Instructions _____ Rx No. _____
Dosage: _____
Quantity _____ Number of Pills/Liquid in Bottle: _____

Drug _____ Date: _____
Instructions _____ Rx No. _____
Dosage: _____
Quantity _____ Number of Pills/Liquid in Bottle: _____

Drug _____ Date: _____
Instructions _____ Rx No. _____
Dosage: _____
Quantity _____ Number of Pills/Liquid in Bottle: _____

Drug _____ Date: _____
Instructions _____ Rx No. _____
Dosage: _____
Quantity _____ Number of Pills/Liquid in Bottle: _____



Mountaineer Challenge Academy

CADET MEDICINE CHECK-IN (page 2 of 2)

CADET NAME: _____

DATE OF BIRTH _____

Continuation Sheet

Drug _____

Date: _____

Instructions _____

Rx No. _____

Dosage: _____

Quantity _____

Number of Pills/Liquid in Bottle: _____

Drug _____

Date: _____

Instructions _____

Rx No. _____

Dosage: _____

Quantity _____

Number of Pills/Liquid in Bottle: _____

Drug _____

Date: _____

Instructions _____

Rx No. _____

Dosage: _____

Quantity _____

Number of Pills/Liquid in Bottle: _____

Drug _____

Date: _____

Instructions _____

Rx No. _____

Dosage: _____

Quantity _____

Number of Pills/Liquid in Bottle: _____

Drug _____

Date: _____

Instructions _____

Rx No. _____

Dosage: _____

Quantity _____

Number of Pills/Liquid in Bottle: _____



Mountaineer Challenge Academy

SICK CALL FORM (page 1 of 2)

All information in sections one and two must be completed by Academy Staff

1. Cadet Information

Cadet: _____ Date: _____

Temperature: _____ Date Illness Started: _____

Is this request because of an injury?
Was the injury obtained before coming to MCA?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

List symptoms: (Be Specific) _____

2. MCA Staff Screening:

(Circle) Vomiting # _____ Diarrhea # _____ Insomnia # _____

3. Medical On-Site Screening: (Medical Personnel Only)

Temperature _____ Heart Rate _____ Blood Pressure _____ Respirations _____

Return to full duty
 Limited Duty (Describe)

Doctor: _____
 Appointment: _____
 Medications: _____

Comments: _____

Name of Treating Medical Staff



Mountaineer Challenge Academy

SICK CALL FORM (page 2 of 2)

Cadet: _____ Date: _____

4. Medical Representative Screening Office Visit: (Medical Personnel Preferred)

Temperature _____ Heart Rate _____ Blood Pressure _____ Respirations _____

- Return to full duty
 - Limited Duty (Describe)
- _____
- _____

Doctor: _____

Appointment: _____

Medications: _____

Comments: _____

Name of Treating Medical Staff / MCA Staff

5. Medical Representative Screening: (Hospital, X-ray, Specialist, Medical Personnel Preferred)

Temperature _____ Heart Rate _____ Blood Pressure _____ Respirations _____

- Return to full duty
 - Limited Duty (Describe)
- _____
- _____

Doctor: _____

Appointment: _____

Medications: _____

Comments: _____

Name of Treating Medical Staff / MCA Staff

6. Cadet Review For Action: _____

Instructions Issued By: _____

_____	_____	_____
Date	Time	Cadet Signature

		Cadre Signature



Mountaineer Challenge Academy

PHYSICAL EXAMINATION FORM - page 2

Height	Weight	Color Hair	Color Eyes	BUILD: Slender Medium Heavy Obese
BLOOD PRESSURE		TEMPERATURE	RESPIRATIONS	PULSE
VISION	(R) 20/	(L) 20/	PUPILS	
	Corrected Y N	Corrected Y N	Color Vision	
	Eyeglasses Y N	Eyeglasses Y N	Depth Perception	
	Contacts Y N	Contacts Y N	Field of Vision	
HEARING	R:	L:		
REMARKS				

	APPROVED FOR FULL PARTICIPATION
	FULL APPROVAL BUT NEEDS FURTHER EVALUATION FOR THE FOLLOWING
	LIMITED APPROVAL WITH THE FOLLOWING RESTRICTIONS
	NOT APPROVED FOR THE FOLLOWING REASONS

PRINTED NAME OF PHYSICIAN	SIGNATURE	DATE
---------------------------	-----------	------



Mountaineer Challenge Academy

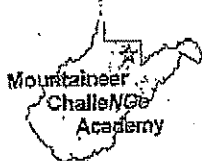
PHYSICAL EXAMINATION FORM -- page 2

Height	Weight	Color Hair	Color Eyes	BUILD: Slender Medium Heavy Obese
BLOOD PRESSURE		TEMPERATURE	RESPIRATIONS	PULSE
VISION	(R) 20/		(L) 20/	
	Corrected	Y N	Corrected	Y N
	Eyeglasses	Y N	Eyeglasses	Y N
	Contacts	Y N	Contacts	Y N
PUPILS				
Color Vision				
Depth Perception				
Field of Vision				
HEARING		R:	L:	

REMARKS

<input type="checkbox"/>	APPROVED FOR FULL PARTICIPATION
<input type="checkbox"/>	FULL APPROVAL BUT NEEDS FURTHER EVALUATION FOR THE FOLLOWING
<input type="checkbox"/>	LIMITED APPROVAL WITH THE FOLLOWING RESTRICTIONS
<input type="checkbox"/>	NOT APPROVED FOR THE FOLLOWING REASONS

PRINTED NAME OF PHYSICIAN	SIGNATURE	DATE
---------------------------	-----------	------



17

Mountaineer Challenge Academy

**WV Early & Periodic Screening,
Diagnosis & Treatment HealthCheck (Page 1 of 2)**

IDENTIFYING INFORMATION		
Name: _____	DOB: _____	MCA Class # _____
Address: _____	Age: _____	Responsible Adult: _____
City/State/Zip: _____	Medicaid # _____	
CHILD'S CURRENT CIRCUMSTANCES		
CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> # IN HOUSEHOLD _____ <input type="checkbox"/> OTHER _____	BARRIERS TO HEALTH CARE: <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> NO INSURANCE <input type="checkbox"/> FAMILY APPLIED FOR MEDICAID
<input type="checkbox"/> FAMILY APPLIED FOR WVCHIP <input type="checkbox"/> MONEY <input type="checkbox"/> INCONVENIENT		
CHILD'S PERINATAL HISTORY		
<input type="checkbox"/> MISCARRIAGES <input type="checkbox"/> STILLBIRTHS <input type="checkbox"/> MULTIPLE BIRTHS <input type="checkbox"/> CHILD'S BIRTH WEIGHT _____	<input type="checkbox"/> CHILD PREMATURE <input type="checkbox"/> CHILD FULL-TERM <input type="checkbox"/> DIFFICULT PREGNANCY / DELIVERY CONDITION AT BIRTH: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
FAMILY HEALTH HISTORY		
PARENTS, SIBLINGS, GRANDPARENTS HAVE HAD: <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> ELEVATED CHOLESTEROL <input type="checkbox"/> KIDNEY PROBLEM <input type="checkbox"/> DIABETES <input type="checkbox"/> CANCER <input type="checkbox"/> BLOOD DISORDER <input type="checkbox"/> SEIZURES <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> ASTHMA <input type="checkbox"/> THYROID PROBLEM	<input type="checkbox"/> EYE DISORDERS <input type="checkbox"/> EARLY USE OF GLASSES <input type="checkbox"/> ALLERGIES <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> MENTAL RETARDATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> EATING DISORDERS <input type="checkbox"/> OBESITY <input type="checkbox"/> DRUG / ALCOHOL ABUSE <input type="checkbox"/> CIGARETTE / CIGAR USE <input type="checkbox"/> SMOKELESS TOBACCO	
CHILD'S DENTAL HISTORY		
<input type="checkbox"/> HAS REGULAR DENTIST (NAME) _____ <input type="checkbox"/> HAD DENTAL EXAM IN LAST 6 MONTHS <input type="checkbox"/> BRUSHES TEETH AT LEAST 2X/DAY <input type="checkbox"/> HISTORY OF BLEEDING GUMS <input type="checkbox"/> HISTORY OF SWELLING MOUTH SORES <input type="checkbox"/> HISTORY OF REDNESS OF MOUTH	<input type="checkbox"/> HAS WELL WATER <input type="checkbox"/> HAS CITY / MUNICIPAL WATER <input type="checkbox"/> WATER CONTAINS FLUORIDE <input type="checkbox"/> USES FLUORIDE SUPPLEMENT <input type="checkbox"/> USES SMOKELESS TOBACCO <input type="checkbox"/> WEARS BRACES OR ORTHODONTIC APPLIANCES <input type="checkbox"/> HAS REMOVABLE BRIDGE OR PARTIAL PLATE	
CHILD'S IMMUNIZATIONS		
CURRENT IMMUNIZATION RECORD: <input type="checkbox"/> UP-TO-DATE <input type="checkbox"/> ADVERSE REACTION TO IMMUNIZATIONS _____ <input type="checkbox"/> OTHER _____		
CHILD'S NUTRITIONAL HISTORY		
FOOD ALLERGIES (LIST) _____ SPECIAL DIET _____ VITAMINS _____		
<input type="checkbox"/> BREAST FED <input type="checkbox"/> BOTTLE FED <input type="checkbox"/> FEEDING DIFFICULTIES <input type="checkbox"/> FREQUENT FATIGUE <input type="checkbox"/> IRON DEFICIENCY ANEMIA GENERAL APPEARANCE: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> UNUSUAL EATING HABITS (PICA, ETC) <input type="checkbox"/> EXCESSIVE WEIGHT GAIN <input type="checkbox"/> EXCESSIVE WEIGHT LOSS <input type="checkbox"/> EATING DISORDER (OVEREATING, VOMITING, USE OF DIURETICS AND / OR LAXATIVES)	



Mountaineer Challenge Academy

**WV Early & Periodic Screening,
Diagnosis & Treatment HealthCheck (Page 2 of 2)**

CHILD'S HEALTH HISTORY - COMPLETED BY PARENT

<p>HAS CHILD HAD:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> RUBELLA <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> HEPATITIS <input type="checkbox"/> MENINGITIS <input type="checkbox"/> EXPOSURE TO TB <input type="checkbox"/> HEART MURMUR <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> SEIZURE <input type="checkbox"/> ASTHMA <input type="checkbox"/> HIGH BLOOD LEAD LEVEL <p>PUBERTY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MENSES <input type="checkbox"/> CONTRACEPTION <input type="checkbox"/> VAGINAL DISCHARGE <input type="checkbox"/> NIPPLE DISCHARGE 	<ul style="list-style-type: none"> <input type="checkbox"/> PHYSICAL ABUSE / NEGLECT <input type="checkbox"/> OTITIS MEDIA (EAR INFECTION) <input type="checkbox"/> EYE OR VISION PROBLEMS <input type="checkbox"/> EAR INFECTION <input type="checkbox"/> STREP THROAT <input type="checkbox"/> ROTAVIRUS (SUDDEN SEVERE DIARRHEA & VOMITING) <input type="checkbox"/> CONJUNCTIVITIS <input type="checkbox"/> KIDNEY STONES <input type="checkbox"/> URINARY TRACT INFECTION <input type="checkbox"/> FREQUENT CONSTIPATION <input type="checkbox"/> FREQUENT DIARRHEA <input type="checkbox"/> OTHER _____ <ul style="list-style-type: none"> <input type="checkbox"/> PENILE DISCHARGE <input type="checkbox"/> TESTICULAR PROBLEM <input type="checkbox"/> SEXUALLY ACTIVE <input type="checkbox"/> STD 	<ul style="list-style-type: none"> <input type="checkbox"/> DIABETES <input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> UPPER RESPIRATORY INFECTION <input type="checkbox"/> THYROID TROUBLE <input type="checkbox"/> SKIN DISEASE <input type="checkbox"/> TUMOR, CYST, CANCER <input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE <input type="checkbox"/> ARTHRITIS, RHEUMATISM, BURSITIS <input type="checkbox"/> RUPTURE OR HERNIA <input type="checkbox"/> GALL BLADDER TROUBLE OR STONES <input type="checkbox"/> CHRONIC COUGH OR COLDS <input type="checkbox"/> SHORTNESS OF BREATH <input type="checkbox"/> HEAD INJURY, FAINING, MEMORY LOSS <input type="checkbox"/> LOSS OF FINGERS OR TOES <input type="checkbox"/> PAIN (CIRCLE): FOOT ANKLE KNEE LEG HIP BACK WRIST ELBOW SHOULDER NECK
---	--	---

CHILD'S DEVELOPMENTAL / PSYCHOSOCIAL HISTORY

<p>HAS CHILD HAD PROBLEM WITH:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MOTOR SKILLS <input type="checkbox"/> ACCIDENT PRONE <input type="checkbox"/> SLEEPING <input type="checkbox"/> NIGHTMARES <input type="checkbox"/> VISION <input type="checkbox"/> HEARING <input type="checkbox"/> SPEECH <input type="checkbox"/> CONCENTRATION <input type="checkbox"/> HYPERACTIVITY <input type="checkbox"/> ISOLATION <input type="checkbox"/> SCHOOL <input type="checkbox"/> LEARNING <input type="checkbox"/> READING <input type="checkbox"/> DIAGNOSIS FROM EDUCATIONAL TESTING 	<ul style="list-style-type: none"> <input type="checkbox"/> GETTING ALONG WITH PARENTS / ADULTS <input type="checkbox"/> GETTING ALONG WITH SIBLINGS <input type="checkbox"/> GETTING ALONG WITH CHILDREN / PEERS <input type="checkbox"/> APPROPRIATE EXPRESSION OF ANGER <input type="checkbox"/> THREATENS HARM TO SELF / OTHERS <input type="checkbox"/> TORTURES ANIMALS <input type="checkbox"/> DESTROYS PROPERTY <input type="checkbox"/> FIRE SETTING <input type="checkbox"/> SEXUAL ACTING OUT <input type="checkbox"/> DRUG / ALCOHOL USE <input type="checkbox"/> SMOKING <input type="checkbox"/> BEDWETTING (AFTER 6 YEARS) 	<ul style="list-style-type: none"> <input type="checkbox"/> SUPPOSED TO WEAR GLASSES <input type="checkbox"/> CURRENTLY USES GLASSES OR CONTACTS <input type="checkbox"/> SUPPOSED TO USE HEARING AID <input type="checkbox"/> CURRENTLY USES HEARING DEVICE <input type="checkbox"/> NERVOUS TROUBLE OF ANY SORT <input type="checkbox"/> SLEEPWALKING <input type="checkbox"/> DEPRESSION DIAGNOSED: DATE _____ <input type="checkbox"/> TREATED FOR DEPRESSION: DR _____ <input type="checkbox"/> ATTEMPTED SUICIDE: DATE _____ <input type="checkbox"/> TREATED FOR SUICIDE ATTEMPT: DR _____ <input type="checkbox"/> PROFESSIONAL COUNSELING FOR _____ <input type="checkbox"/> EVALUATED FOR SPECIAL EDUCATION SERVICES <input type="checkbox"/> CURRENTLY HAS IEP OR 504 PLAN
---	--	--

CHILD'S CURRENT HEALTH ASSESSMENT

ALLERGIES TO MEDICATION (List) _____

ALLERGIES TO FOOD (List) _____

ALLERGIES TO ENVIRONMENT (List) _____

CHRONIC, ON-GOING ILLNESSES (List) _____

HISTORY OF HOSPITALIZATIONS (List) _____

SURGERIES (List) _____

BROKEN BONES (List) _____

HAS REGULAR DOCTOR: DR _____ DATE OF LAST SCREEN: _____

CURRENT HEALTH COMPLAINT(S) _____

CURRENT MEDICATION(S): _____

CURRENT HEALTH STATUS: GOOD FAIR POOR

NAME OF INDIVIDUAL COMPLETING FORM: _____ DATE: _____

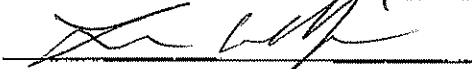
ACADEMY MEDICAL STAFF REVIEWED: _____ DATE: _____

MCA FORM 22B
Effective Date: 04/27/1999
Revised Date: 01/31/2008

ADJ09014 - BID FORM			
	Est. Order Qty.	Unit Price	Extended Total
BID ITEM #1: Physical Exams	120	\$ 160.00	\$ 19,200.00
BID ITEM #2: Diphtheria-Tetnus Immunization Insured Cadets	35	\$ 85.00	\$ 2,975.00
BID ITEM #3: Tuberculosis Screening Insured Cadets	70	\$ 15.00	\$ 1,050.00
MCA Staff (to be billed to MCA)	59	\$ 15.00	\$ 885.00
Bid item #4: Med. Tech. / Phys. Asst. (Hourly) *Billing monthly in arrears in quarter-hour increments On-site Sick Coordinator, Medication Dispensing - Est. hours per week	25	\$ 17.00 /Hour	\$ 425.00
Opening Day Registration Coordination (Est. hours/per employee for his event)	66@16	\$ 17.00 /Hour	\$ 1,122.00
		Grand Total	\$ 26,167.00

* Estimated order Quantity is for bidding purposes only; more or less may be obtained

Vendor Name: Maintainer Family Care Center

Signature: 

Rev. 09/05

State of West Virginia

RFQ NO. ADJ09014
ZU

VENDOR PREFERENCE CERTIFICATE

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

- Application is made for 2.5% resident vendor preference for the reason checked:
Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

- Application is made for 2.5% resident vendor preference for the reason checked:
Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

- 3. Application is made for 2.5% resident vendor preference for the reason checked:
Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

- 4. Application is made for 5% resident vendor preference for the reason checked:
Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

- 5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

- 6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

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

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

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

Bidder: Mountainview Family Care Center Signed: [Signature]
Date: 6/19/09 Title: Owner

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

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: 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.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code*. The vendor must make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code* and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the *West Virginia Code* may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

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

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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

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

Vendor's Name: Mountainview Family Care Center
Authorized Signature: [Signature] Date: 6/19/09