



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

# Request for Quotation

RFO NUMBER  
**WEH90028**

PAGE  
**1**

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

VENDOR

*Paul Swartz Nutrition Solutions Inc.*  
 504 Jamescrest Drive  
 Beckley, WV 25801

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/03/2008				

BID OPENING DATE: **07/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-21		
<p><b>CONSULTING THERAPUTIC DIETITIAN SERVICES</b></p> <p>TO PROVIDE SERVICES AS "CONSULTANT DIETITIAN" AT WELCH COMMUNITY HOSPITAL LOCATED IN MCDOWELL COUNTY, WELCH, WEST VIRGINIA, PER THE ATTACHED SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DA WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AN 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</p>						

**RECEIVED**  
 2008 JUN 13 A 9:39  
 PURCHASING DIVISION  
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Paul Swartz* TELEPHONE **304-253-2016** DATE **6-9-08**

TITLE *Dietitian* FEIN **20-8973785** ADDRESS CHANGES TO BE NOTED ABOVE

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

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

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

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3. Complete all sections of the quotation form.
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Charleston, WV 25305-0130



State of West Virginia  
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**WEH90028**

PAGE  
**2**

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

RFQ COPY

TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

DATE PRINTED <b>06/03/2008</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: **07/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	(1) YEAR PERIODS.					
	<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>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>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>					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Paul X. [Signature]* TELEPHONE **304-253-2016** DATE **6-9-08**

TITLE *Dietitian* FEIN **20-8873785** ADDRESS CHANGES TO BE NOTED ABOVE

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# Request for Quotation

RFQ NUMBER  
**WEH90028**

PAGE  
**3**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
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**304-558-0067**

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

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06/03/2008				

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>REV. 3/88</p> <p>INQUIRIES:            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 6/16/2008. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>FAX: (304) 558-4115            E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p style="text-align: center;"><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><input type="checkbox"/> BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Paul A. West</i>	TELEPHONE <b>304-253-2016</b>	DATE <b>6-9-08</b>
TITLE <i>Dietitian</i>	FEIN <b>20-8873785</b>	ADDRESS CHANGES TO BE NOTED ABOVE

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# Request for Quotation

RFQ NUMBER  
**WEH90028**

PAGE  
**4**

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

RFQ COPY  
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES  
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DATE PRINTED <b>06/03/2008</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: **07/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>(<input checked="" type="checkbox"/>) 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Paul J. [Signature]</i>	TELEPHONE <b>304-253-2016</b>	DATE <b>6-9-08</b>
TITLE <b>Dietitian</b>	FEIN <b>20-8873785</b>	ADDRESS CHANGES TO BE NOTED ABOVE

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SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE **304-253-2016** DATE **6-9-08**

TITLE **Dictation** FEIN **20-8873785** ADDRESS CHANGES TO BE NOTED ABOVE

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3. Complete all sections of the quotation form.
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**SIGNED BID TO:**

Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office 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  
**WEH90028**

PAGE  
**6**

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

RFQ COPY

TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV 24801 304-436-8710

DATE PRINTED <b>06/03/2008</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: **07/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: <i>Paul Swartz P.C.</i>  <i>for Nutrition Solutions Inc.</i></p> <p>DATE: <i>6-9-08</i></p> <p>SIGNED: <i>Paul Swartz</i></p> <p>TITLE: <i>Dietitian</i></p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION          PURCHASING DIVISION          BUILDING 15          2019 WASHINGTON STREET, EAST          CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Paul Swartz</i>	TELEPHONE <i>304-253-2016</i>	DATE <i>6-9-08</i>	
TITLE <i>Dietitian</i>	FEIN <i>20-8873785</i>	ADDRESS CHANGES TO BE NOTED ABOVE	

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

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

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
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State of West Virginia  
 Department of Administration  
 Purchasing Division  
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# Request for Quotation

RFQ NUMBER
WEH90028

PAGE
7

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ROBERTA WAGNER 304-558-0067

VENDOR

RFQ COPY  
TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
  
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/03/2008				

BID OPENING DATE: 07/01/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
	SEALED BID					
	BUYER: -----RW/FILE 22-----					
	RFQ. NO.: -----WEH90028-----					
	BID OPENING DATE: -----7/1/2008-----					
	BID OPENING TIME: -----1:30 PM-----					
	PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----253-3063-----					
	CONTACT PERSON (PLEASE PRINT CLEARLY): -----Paul Swartz-----					
	***** THIS IS THE END OF RFQ WEH90028 ***** TOTAL: _____					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Paul Swartz</i>	TELEPHONE 304-253-2016	DATE 6-9-08
TITLE Dietitian	FEIN 20-8873785	ADDRESS CHANGES TO BE NOTED ABOVE

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**SIGNED BID TO:**

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

**REQUEST FOR QUOTATION**  
**STATE OF WEST VIRGINIA**  
**Department of Health and Human Resources**  
**Welch Community Hospital**  
**RFQ #WEH90028**

**Part 1 GENERAL INFORMATION**

**1.1 Purpose:**

The Acquisition and Contract Administration Section of the Purchasing Division "State" for the Department of Health and Human Resources, Bureau for Behavioral Health Facilities, Welch Community Hospital, "Agency" is soliciting Quotations to provide Consultant Dietitian Services for Welch Community Hospital's Dietary Department.

**1.2 Project:**

The mission or purpose of the project is to provide consultant dietitian services for the Dietary Department of Welch Community Hospital.

**Part 2 OPERATING ENVIRONMENT**

**Location**

Facility is located in McDowell County at Welch Community Hospital, 454 McDowell Street, Welch WV 24801

**Background:**

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441  
 Observation Visits – 542  
 Clinic Patients – 25,524  
 Surgeries – 343  
 Deliveries – 78  
 Laboratory Tests – 771,015  
 Radiology – 15,063  
 CAT Scans – 2,529  
 Ultrasound – 1,869  
 Mammography – 633  
 Respiratory Tests – 21,402  
 Electrocardiograms – 4,231

WEH90028

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Admissions – 974

Long Term Care ADC (48 Patients per day) – 94%

Overall ADC (60 Patients per day) – 66%

Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

Diagnostic

CAT Scan

Ultrasound

Mammography

MRI

EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services

Laboratory Services

**Part 3        PROCUREMENT SPECIFICATIONS**

**3.1        General Requirements**

The mission/purpose of this project is to provide Consultant Dietitian Services for Welch Community Hospital's Dietary Department. Vendor must provide eight (8) to twelve (12) hours of consulting time per week to include eight (8) hours on site per week. Consultants must be a Registered Dietitian for the providing of requested service and will be required to provide proof of Certification.

**3.2        SCOPE OF WORK:**

The vendor is to quote services of providing Consultant Dietitian Services, these services are to include, but are not limited to, the following:

- a. Consultant "must" provide eight (8) to twelve (12) hours of consulting timer per week, to include eight (8) hours on site per week.
- b. Consultant "must" provide services as required during regular workday working hours (Monday through Friday, on site hours may be performed between 8:00am to 6:00pm).
- c. Consultant "must" consult with Hospital's Dietary Manager (or a person designated by the Dietary Manager) in regard to the providing of nutritional assessment of each resident/patient nearly practical upon admission.



- 
- d. Consultant “must” consult with Hospital’s Dietary Manager, (or a person designated by the Dietary Manager) in developing and documenting individual nutritional care plans for all residents/patients.
  - e. Consultant “must” visit residents/patients as necessary and document progress notes in the medical charts.
  - f. Consultant “must” assist in the development of residents/patients logs which provide current information relating to resident’s/patient’s diet order as well as food preferences and a record of resident/patient visitation.
  - g. Consultant “must” routinely and regularly visit the Hospital at prearranged times and for sufficient duration to provide continuing liaison with medical and nursing staff and to advise administration, counsel residents/patients and provide guidance to the Dietary Manager.
  - h. Consultant “must” assist in establishing procedures of Quality Assurance to assure the consistency and quality of all services provided.
  - i. Consultant “must” attend Hospital’s initial and annual orientation.
  - j. Consultant “must” submit record/documentation of each service rendered to Dietary Manager on a weekly basis.
  - k. Consultant “must” provide assistance for Hospital to meet requirements for participation and payment associated with third-party payment programs in regard to specific services provided.
  - l. Consultant “must” participate in the education programs conducted by Hospital and shall perform required teaching functions.
  - m. Consultant “must” provide requested services in conformance with all requirements of the Department of Health and Human Resources, Federal and State Constitutions and all applicable Federal and State statutes and regulations.

### **3.3 Special Terms and Conditions:**

#### **3.3.1 Performance Bonds: N/A**

#### **3.3.2 Insurance Requirements:**

Insurance certificates are required prior to award but are not required at the time of bid. The vendor shall present evidence of insurance at the time of award in the types and amounts required by the Agency and acceptable to the State. Included in the required insurance coverage shall be the following:

1. Professional and Comprehensive General Liability Insurance: \$500,000 per occurrence and \$1,000,000 annual aggregate.

Policy must show Hospital as Memorandum Holder.

#### **3.3.3 Invoices and Progress Payments:**

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled “Invoice To” pursuant to the terms of the contract. Invoices

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may not be submitted more than once monthly and State Law forbids payment of invoices prior to receipt of services.

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**Part 4        COST PROPOSAL**

<b>4.1</b>	<b>Quantity</b>	<b>Description</b>	<b>Unit Cost</b>	<b>Total Cost</b>
	624 hours	Charges per hour:	\$ <u>45.00</u>	<u>28,080.00</u>

(Estimated eight (8) to twelve (12) hours/week x 52 weeks a year.)

Award will be made to the lowest total cost bid.

Hours NOT TO EXCEED 624 hrs. per year

STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

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

**DEFINITIONS:**

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

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

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

**LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

**CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit [www.state.wv.us/admin/purchase/privacy](http://www.state.wv.us/admin/purchase/privacy) for the Notice of Agency Confidentiality Policies.

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

Vendor's Name: Nutrition Solutions Inc.

Authorized Signature: Paul Hunt Date: 6-9-08

**WEST VIRGINIA  
BOARD OF LICENSED DIETITIANS  
LICENSURE CERTIFICATE**

**This certifies that the below person is issued this certificate of licensure, to practice the profession specified hereon, in the State of West Virginia, during the fiscal year.**

*Paul R. Swartz*

Licensed Dietitian

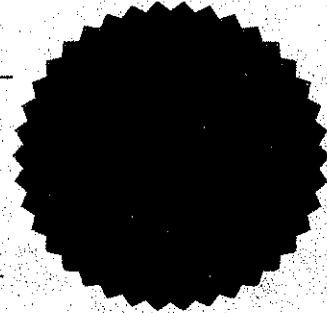
License No. 96

**2008**

**EXPIRES 06-30-2008**

*Dee Bantoe RD, LD*

Secretary of the Board



This certificate must be displayed in a conspicuous place.

**Board Members**

Helen Lodge, RD, LD - Chairman  
4106 Virginia Ave.  
Charleston, WV 25304  
304 925-8828

Frank O. Markun, RD, LD - Vice Chairman/Treasurer  
37 Woodhaven Dr.  
Huntington, WV 25701  
304 525 9009



**HEALTHCARE PROVIDERS  
SERVICE ORGANIZATION  
PURCHASING GROUP  
CERTIFICATE OF INSURANCE  
OCCURRENCE POLICY FORM**

Print Date: 04/30/08

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0285270768	from: 12:01 AM Standard Time on: 10/27/07 to: 12:01 AM Standard Time on: 10/27/08
Named Insured and Address:				Program Administrator:
Paul R Swartz 504 Jamescrest Dr Beckley, WV 25801-2184				<b>Healthcare Providers Service Organization</b> 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Dietitian		Code: 80720		<b>Insurance Provided by:</b> American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604
COVERAGE PARTS			LIMITS OF LIABILITY	

**A. PROFESSIONAL LIABILITY**

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

**B. COVERAGE EXTENSIONS:**

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit				\$ 10,000 aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 10,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid				\$ 2,500 aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

**C. WORKPLACE LIABILITY**

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$1,000,000	aggregate

**D. GENERAL LIABILITY**

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

<b>Total Premium:</b> \$ 251.38	QUESTIONS? CALL: 1-800-982-9491
Policy forms and endorsements attached at inception	
G-121500-C G-121503-C G-121501-C G-145184-A G-147292-A G-144872-A G-123846-C47	
\$ 250.00 PREMIUM \$	1.38 SURCHARGE \$0.00 LOCAL TAX
Master Policy # 188711433	

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

*John H. ...*  
Chairman of the Board

*John M. ...*  
Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:

# State of West Virginia



## Certificate

*I, Betty Ireland, Secretary of State of the State of West Virginia, hereby certify that*

**NUTRITION SOLUTIONS INC.**

**Control Number: 92998**

has filed its application for "Certificate of Incorporation" in my office according to the provisions of the West Virginia Code. I hereby declare the organization to be registered as corporation from its effective date of April 11, 2007 until a certificate of dissolution has been filed with Secretary of State.

Therefore, I hereby issue this

## CERTIFICATE OF INCORPORATION



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
April 11, 2007*

*Betty Ireland*

*Secretary of State*

# The Ohio State University

hereby confers upon

Paul Richard Swartz

the degree of

Bachelor of Science in Allied Health Professions

together with all the rights, privileges and honors appertaining thereto in consideration of the satisfactory completion of the course prescribed in

The School of Allied Medical Professions - The College of Medicine

In Testimony Whereof, the seal of the University and the signatures as authorized by the Board of Trustees are herunto affixed.

Given at Columbus on the eighth day of June, in the year of our Lord  
nineteen hundred ninety and of the University the one hundred twenty-first.



*Orville Newlap Bauer*  
Chairman of the Board of Trustees

*Paul R. Swartz*  
President of the University

*W. L. ...*  
Secretary of the Board of Trustees