



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
WEH11147

PAGE
1

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

REC'D MAY 06 2011

RFQ COPY

TYPE NAME ADDRESS HERE

VENDOR

Hamilton Medical, Inc.
 PO Box 30008
 Reno, NV 89520-3008

SHIP TO

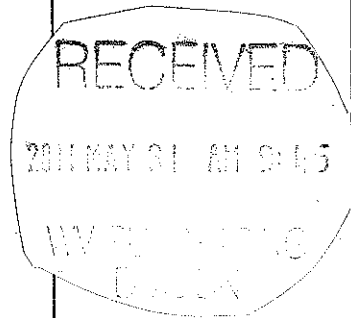
HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

 454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/27/2011				

BID OPENING DATE: 06/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	4	EA		475-00-99-001	\$23,775.00	\$95,100.00
<p>MECHANICAL VENTILATORS</p> <p>Hamilton Medical C2 Ventilator Package Part #90000</p> <p>REQUEST FOR QUOTATION</p> <p>DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR HEALTH AND HEALTH FACILITIES IS SEEKING BIDS FOR THE PURCHASE OF FOUR (4) FULLY INHANCED MECHANICAL VENTILATORS PER ATTACHED SPECIFICATIONS.</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>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE 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>INQUIRIES:</p>						



SEE REVERSE SIDE FOR TERMS AND CONDITIONS		
SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 05/19/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATION IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE</p>						

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<p>VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <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> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----WEH11147-----</p> <p>BID OPENING DATE:-----06/07/2011-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 775-865-5621</p>						

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<p>CONTACT PERSON (PLEASE PRINT CLEARLY): Tim Rossman CELL #: 775-233-7122</p> <hr/> <p>***** THIS IS THE END OF RFQ WEH11147 ***** TOTAL: _____</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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PROCUREMENT SPECIFICATIONS

WEH11147

The selected vendor will provide all services relating to the purchase of four (4) Philips Respironics V200 or equal intensive care unit mechanical ventilators by Welch Community Hospital consistent with all the applicable State and Federal laws and regulations. More specifically, the vendor shall provide the appropriate units to perform volume controlled-pressure limited respiratory support for adult and pediatric patients in an acute care hospital setting. The units must also support a non-invasive application.

The units must meet the following:

- a. The units must have the following modes:
 - Assist/Control (A/C) YES
 - Continuous positive airway pressure (CPAP) YES
 - Noninvasive ventilation (NIV) YES
 - Synchronous intermittent mandatory ventilation (SIMV) YES
 - SIMV with pressure support (SIMV/PSV) YES
- b. The units must provide ventilatory support of patients from pediatric to adult. Must be able to generate inspiratory tidal volumes in a range of minimum 50ml to maximum 2500ml per breath. 20ml to 2000ml
- c. The units must have a respiratory rate setting range of at least a minimum of 1 to a maximum of 80 breaths per minute in the SIMV and AC modes. YES
- d. The units must be able to cycle by pressure sensitivity. The pressure sensitivity must have a range of at least a minimum of -20 to a maximum of -0.1 cmH₂O. FLOW TRIGGER FROM PROX
- e. The units must be mobile, with all of the essential components housed within a mobile configuration. AIRWAY YES
- f. The units must be able to blend oxygen and air to produce a specific fraction of inspired oxygen (FiO₂). The range must be from a minimum of 21% to a maximum of 100%. Oxygen hose must be included with unit. Diameter index safety system (DISS) connection. Oxygen hose must be at least a minimum of eight feet in length and a maximum of twelve feet in length. YES
- g. The units must be able to produce a specific fraction of inspired oxygen (FiO₂) in areas where piped -in air is not available. Units must **not** utilize tanks for this function. Units must include air compressor or other mechanical device to blend a specific fraction of inspired oxygen (FiO₂) in areas where piped air is not available. YES
- h. The units must provide for positive end expiratory pressure (PEEP) at a range of a minimum of 0 to and a maximum of at least 35 cmH₂O. YES

- i. The units must provide the user a means of adjustment to produce desired inspiratory /expiratory ratios (I:E ratios). YES
- j. Each unit, including cart, must be within the following dimensions:
- Height: minimum 36 inches, maximum 60 inches YES
 - Width: minimum 15 inches, maximum 30 inches YES
 - Depth: minimum 15 inches, maximum 40 inches YES
 - Weight: minimum 50 pounds, maximum 150 pounds YES
- k. The units must also provide pressure support at a range of a minimum of 0 to a maximum of 100 cmH2O. YES 0-60cm
- l. The units must provide an option to add and remove an inspiratory breath hold (Plateau) of two seconds. YES
- m. The following data must be monitored and displayed:
- Total respiratory rate- Set rate and spontaneous rate. YES
 - Exhaled Tidal volume. YES
 - Exhaled Minute volume YES
 - Peak Inspiratory Pressure YES
 - Inspiratory/Expiratory ratio (I:E Ratio) YES
 - End expiratory pressure (PEEP) YES
- n. The units must provide for an audible alarm for the following:
- high inspiratory pressure YES
 - low inspiratory pressure YES
 - low PEEP/CPAP pressure YES
 - high respiratory rate YES
 - apnea YES
 - low exhaled tidal volume YES
 - high minute volume YES
 - low oxygen supply YES
- o. Audible alarm must have a manual silence setting of two minutes. The unit must also include a "reset" function of alarms. Audible alarm volume must be user adjustable. TWO MINUTE ALARM SILENCE
- p. Mounting kit for humidifier must be included on each unit. Mounting kit must be for a conchatherm (Model: Hudson RCI Conchatherm III, Catalog number 380-80) heated humidifier. Total of four mounting kits. YES
- q. The units must allow for nebulized medications to be administered. Nebulizer system must be included for each unit. Total of four nebulizing systems. YES
- r. The units must be able to deliver 100% oxygen for pre-suction oxygenation for two minutes in duration. After two minutes, the unit must return to the current oxygen setting without operator intervention. YES

- s. Units must operate on standard 120 V AC power. YES
- t. The units must be complete with all appropriate manuals. YES
- u. The units must have a minimum one (1) year all inclusive warranty. YES
- v. The vendor must include pricing for second year all inclusive warranty/maintenance and third year all inclusive warranty/maintenance. YES
- w. The vendor must provide onsite training for the units. YES
- x. The units must allow for an inspiratory and expiratory bacteria filter. YES

Delivery, Installation, and In-Service Training:

A. Delivery shall be within thirty (30) days after receipt of the approved purchase order. Vendor must furnish, deliver, setup, and install the equipment and provide one day basic instructional training on the equipment usage and features upon delivery. YES

B. Within seven (7) days of the vendor's receipt of the approved purchase order, the selected vendor must contact the Respiratory Therapy supervisor at Welch Community Hospital for coordination of vendor's delivery and healthcare staff in-service training for ten (10) people. YES

Warranty:

The units must have a minimum one year all inclusive warranty. YES

Payment:

The vendor shall submit invoices, in arrears, to the facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery and in-service training. State law forbids payment of invoices prior to receipt of goods and services. YES

Evaluation & Award Criteria:

Award is based on the grand total overall low price that meets specifications.

Welch Community Hospital

WEH11147

Cost Sheet

Description	Quantity	Unit Cost	Extended Cost
Phillips Respironics V200 or equal and a one year warranty per attached detailed specifications. = HAMILTON MEDICAL C2 VENT PACKAGE	4	\$23,775.	\$91,500.
Second year all inclusive warranty/maintenance renewal for 4 Phillips Respironics V200 or equal AVAILABLE FOR PURCHASE	4		
Third year all inclusive warranty/maintenance renewal for 4 Phillips Respironics V200 or equal AVAILABLE FOR PURCHASE	4		

Grand Total _____

Evaluation & Award Criteria:

Award is based on the grand total overall low price that meets specifications.

HAMILTON MEDICAL, INC.

Company Name

Signature

Date

State of West Virginia **VENDOR PREFERENCE CERTIFICATE**

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

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

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

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

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

Bidder: _____ Signed: _____

Date: _____ Title: _____

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

RFQ No. _____

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.

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

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Hamilton Medical, Inc.

Authorized Signature: [Signature] Date: 5/27/11

State of Nevada

County of Washoe, to-wit:

Taken, subscribed, and sworn to before me this 27th day of MAY, 2011.

My Commission expires April 11, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature: Nicol Pullman]

