



Positive Promotions, Inc.
Fax Cover Sheet

RECEIVED
NOV 29 A 10:24
MAIL DIVISION
STATE OF WV

To: Bid Clerk

FAX# 304-558-3970 TEL#

From: Positive Promotions / Bid clerk

TEL# 877-258-1225 FAX# 877-258-1226

Comments

RE: RFQ CHP12005 "Printing of Various Outreach Materials"

This is a revised cost sheet in regards to the addendum. The original cost sheet that was already mailed out on 11/15/11 did not include the set up charges within the unit cost. Please see the corrected cost sheet attached. please confirm when received by e-mail lmotley@positivepromotions.com. Thankyou.

* 4 pages including cover sheet *

CHP12005 Cost Sheet

Product Description	Unit Cost Per 1000	Mailing Cost Per 1000	Total Item Cost	Estimated Quantity	Extended Cost
Item #1: ABC Slide Guides	0.66	0.05	0.71	10,000	7,100.00
2 sided pamphlet with slide in middle					
Cardstock					
Full Color					
Rubber Band in bundles of 50					
Item #2: Good Health Habits Coloring Book	0.48	0.04	0.52	10,000	5,200.00
16 page coloring book					
Cover full color					
double stapled in middle					
Paper printed on both sides					
Rubber Band in bundles of 50					
Item #3: Fitness is Fun Coloring Book	0.45	0.04	0.49	10,000	4,900.00
16 page coloring book					
Cover paper full color					
double stapled in middle					
Paper printed on both sides					
Rubber Band in bundles of 50					
Total Bid:					\$ 17,200.00

Total Cost Per Item: Unit Cost per 1000 plus (+) Mailing Cost per 1000 Equals (=) Total Item Cost
 Extended Cost: Total Item Cost multiplied by (x) Estimated Quantity equals (=) Extended Cost
 Total Bid: Summation of Extended Costs

Notes:

The quantities listed above are estimates only. Actual usage may vary based on the needs of the agency. The contract resulting from this solicitation shall be an open end contract and the agency may utilize as much or as few of these items as deemed necessary by the agency for the life of the contract. Unit cost above must reflect all costs associated with the printing and mailing of these items in accordance with the specifications.



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
CHP12005

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
KRISTA FERRELL
304-558-2596

*709002846 877-258-1225

POSITIVE PROMOTIONS
 15 GILPIN AVE

HAUPPAUGE NY 11788

VENDOR

SHIP TO

WEST VIRGINIA CHILDRENS HEALTH
 INSURANCE PROGRAM
 SUITE 209
 1018 KANAWHA BOULEVARD, EAST
 CHARLESTON, WV
 25301 304-558-6655

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
11/14/2011				
BID OPENING DATE: 12/01/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1					
THIS ADDENDUM IS ISSUED TO:					
1.) PROVIDE ANSWERS TO ALL TECHNICAL QUESTIONS SUBMITTED IN ACCORDANCE WITH THE PROVISIONS OF THE ORIGINAL RFQ (CHP12005),					
2.) PROVIDE SAMPLES					
3.) EXTEND THE BID OPENING DATE					
BID OPENING DATE IS EXTENDED TO: 12/01/2011					
BID OPENING TIME REMAINS: 1:30 PM					
***** END ADDENDUM NO. 1 *****					
001	1	EA	966-50		
PRINTING OF VARIOUS CUT REACH MATERIALS					

SIGNATURE: *[Signature]* TITLE: **Sales Manager** FEIN: _____

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TELEPHONE: **877-258-1225** DATE: **11/28/11**

ADDRESS CHANGES TO BE NOTED ABOVE

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

000002

ADDENDUM TO CHP12005

QUESTION #1 – Is it possible that we can have some previous years' samples of the Outreach Materials for the WVCHIPS program?

ANSWER #1 – Samples provided of the material in question.

QUESTION #2 – We would like to know any preference in paper selection?

ANSWER #2 – The samples are on WVCHIP paper preference.

QUESTION #3 – The bid is supposed to include shipping/postage costs Per 1000 and there would not be any charges for delivery to CHIP offices in Charleston but the RFQ mentions "or designated locations". There are many places throughout the state on our usual delivery runs that would not incur any shipping costs but without having specific info on other locations we cannot accurately quote shipping/postage costs, it would have to be understood that the costs would only be approximate?

ANSWER #3 – The items will be delivered to Jackson County Development Center (JCDC), 270 Burlingame Drive, Millwood, WV 25262.

QUESTION #4 – If there is a set up charge for the items specified how do we implement the price with in the bid? I do not see a place on the cost sheet where a set up charge can be place please advice.

ANSWER #4 – Any set up fee should be incorporated into the unit costs.



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DATE PRINTED 10/20/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: **11/17/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		966-50		
<p>PRINTING OF VARIOUS OUT REACH MATERIALS</p> <p>REQUEST FOR QUOTATION (RFQ) OPEN END CONTRACT</p> <p>THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM IS SOLICITING BIDS FOR AN OPEN END CONTRACT TO PROVIDE THE AGENCY WITH PRINTING FOR VARIOUS OUTREACH MATERIALS USED BY THE AGENCY PER THE ATTACHED SPECIFICATIONS.</p> <p>TECHNICAL QUESTIONS CONCERNING THIS SOLICITATION MUST BE SUBMITTED IN WRITING TO KRISTA FERRELL IN THE WEST VIRGINIA STATE PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN IN THE BODY OF THIS RFQ, VIA FAX AT 304-558-4115, OR VIA EMAIL AT KRISTA.S.FERRELL@WV.GOV. VENDORS ARE ASKED TO INCLUDE THE RFQ NUMBER ON ALL INQUIRIES. IF EMAIL, PLEASE INCLUDE RFQ NUMBER ON THE SUBJECT LINE.</p> <p>DEADLINE FOR ALL TECHNICAL QUESTIONS IS 11/07/2011 AT THE CLOSE OF BUSINESS (5:00 PM EST).</p> <p>ANY TECHNICAL QUESTIONS RECEIVED WILL BE ANSWERED BY FORMAL ADDENDUM TO BE ISSUED BY THE PURCHASING DIVISION AFTER THE DEADLINE HAS LAPSED.</p> <p>NO CONTACT BETWEEN THE VENDOR AND THE AGENCY IS</p>						

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 2011 NOV 16 A 10:20
 PURCHASING DIVISION
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: **877-258-1225** DATE: **11/11/11**
 TITLE: **Chief Marketing Office** ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>PERMITTED WITHOUT THE EXPRESS WRITTEN CONSENT OF THE STATE BUYER. VIOLATION MAY RESULT IN REJECTION OF THE BID. THE STATE BUYER NAMED ABOVE IS THE SOLE CONTACT FOR ANY AND ALL INQUIRIES AFTER THIS RFQ HAS BEEN RELEASED.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.:</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3 <i>None received</i></p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE **877-258-1225** DATE **11/11/11**

TITLE **Chief Marketing Officer** FEIN ADDRESS CHANGES TO BE NOTED ABOVE

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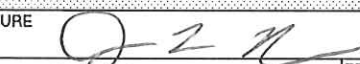
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<p>INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE Positive Promotions COMPANY 11/11/11 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</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 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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 877-258-1225	DATE 11/11/11
TITLE CNO	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE **877-258-1225** DATE **11/11/11**
 TITLE **CMO** FEIN ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: **11/17/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 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>EXHIBIT 4</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p 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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 877-258-1225	DATE 11/11/11
TITLE CMO	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: **11/17/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ CHP12005 ***** TOTAL:						<i>see attach cost sheet</i>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 877-258-1225	DATE 11/11/11
TITLE CNO	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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WEST VIRGINIA CHILDREN'S HEALTH INSURANCE AGENCY

Background

The West Virginia Children's Health Agency (the Agency) administers a publicly funded insurance program that provides health care coverage for about 25,000 children of working families each month through the Children's Health Insurance Program (WVCHIP). The WVCHIP has a projected enrollment of 25,000 for the 2011 calendar year. The WVCHIP program provides outreach materials to various locations throughout the state. The Agency is seeking one vendor to provide various outreach items to WVCHIP.

Scope of Work

The vendor will provide the following outreach items when requested by WVCHIP:

1. **ABC Slide Guides (see attachments 1 - 4)**
2. **Good Health Habits Coloring Books (see attachment 5)**
3. **Fitness is Fun Coloring Books (see attachment 6)**

ABC Slide Guides

These slide guides list helpful tips for new parents in caring for their baby. The guides are a double sided pamphlet that is sealed in the back with a slide insert that goes up and down to show information on 9 various common ailments to babies.

The front side of the cover (see attachment 1) lists the following ailments (and the color associated with it): colic (purple), common cold (orange), constipation (green), cradle cap (blue), croup (brown), diaper rash (purple), diarrhea (orange), earache (blue) and fever (green). The symptoms and treatment show in the hole on the slide when the hole associated with the ailment is red. The bottom of the front cover should contain the WVCHIP logo (see attachment 7).

The back side of the cover (see attachment 2) lists the following ailments (and the color associated with it): head injury (purple), jaundice (orange), meningitis (green), rectal bleeding (blue), strep throat (brown), teething (purple), thrush (orange), umbilical cord care (purple), vaginal discharge (green) and vomiting (blue). The symptoms and treatment show in the hole on the slide when the hole associated with the ailment is black. On the face of the back side is "How to soothe a crying baby" tips and the bottom is a tip for "back to sleep".

The front side of the slide (see attachment 3) lists the symptoms and treatments for the ailments noted on the front side of the cover. At the bottom is a place to list "emergency numbers".

The back side of the slide (see attachment 4) lists the symptoms and treatments for the ailments noted on the back side of the cover. At the bottom is a tip to "Take emergency action".

Good Health Habits Coloring Book

This is a 16 page coloring book with good health habits. The front cover of the book (see page 5) bears the WVCHIP logo (see attachment 7).

Fitness is Fun Coloring Book

This is a 16 page coloring book with fitness tips from A to Z. The front cover of the book (see page 6) bears the WVCHIP logo (see attachment 7).

The vendor must:

1. Provide WVCHIP with a physical proof for agency's approval, prior to first shipment.
2. Provide mailing and delivery to WVCHIP office (or designated location) within 20 days from receipt of Purchase Order.

Mandatory Qualifications

The vendor must meet the following specifications:

1. Have a minimum of five (5) years experience in high volume printing and mailing.
2. Possess equipment and staffing capable of producing the items noted above and mailing for the greatest possible discount per USPS regulations.

Vendor must be able to provide documentation/proof of qualifications upon the request of the agency. i.e. references, past printing jobs of similar size and scope, etc.

General Information

Subcontracting is not permitted. Print over-runs will be accepted, but WVCHIP will not reimburse for any over-runs.

Costs

All quotes must include shipping and postage charges per 1,000 items shipped.

The agency estimates yearly orders for each item to be approximately 10,000 usually at 3,000 to 5,000 per order.

N/A

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. CHP12005

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: Positive Promotions

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

State of New York

County of Suffolk, to-wit:

Taken, subscribed, and sworn to before me this 11 day of NOV, 2011.

My Commission expires 3 (30), 2012.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Thomas J. Zimmerman
NOTARY PUBLIC, State of New York
No. 30-9804740
Qualified in New York
Commission Expires March 30, 2012

ABCs of Baby Care



SYMPTOMS | TREATMENT

COMMON
AILMENTS

● COLIC

● COMMON
COLD

● CONSTIPATION

● CRADLE CAP

● CROUP

● DIAPER
RASH

● DIARRHEA

● EARACHE

● FEVER

Directions: Pull the tab until the dot lines up with the desired topic at left, then read the information in the window.

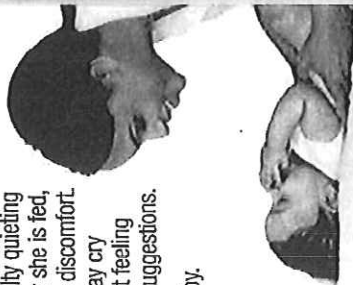


ABCs of Baby Care

How To Soothe A Crying Baby

If you're having difficulty quieting baby, make sure he or she is fed, dry and not in obvious discomfort. (Remember, babies may cry more when they're not feeling well.) Then try these suggestions.

- Hold and cuddle baby.
- Go for a car ride.
- Walk, holding baby.
- Play the radio.
- Let baby suck on a nipple, pacifier or your finger.
- Give baby a warm bath.
- Lay baby facedown on your lap and rub baby's back.
- Wrap (swaddle) baby tightly in a blanket, making sure baby can breathe easily in this position.
- Take a stroller ride—inside in bad weather.
- Rock baby in a rocking chair or baby swing.
- Put on a steady mechanical noise, such as a fan.
- If necessary, "take five." Walk away, but first make sure baby is in a safe place or with another adult.



COMMON AILMENTS

● HEAD INJURY

● JAUNDICE

● MENINGITIS

● RECTAL BLEEDING

● STREP THROAT

● TEETHING

● THRUSH

● UMBILICAL CORD CARE

● VAGINAL DISCHARGE

● VOMITING

SYMPTOMS | TREATMENT

Back To Sleep

The American Academy of Pediatrics recommends that healthy infants be placed on their backs in a crib with a firm, tight-fitting mattress and no soft bedding of any kind. This can help reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as crib death.



Temperature over 99°F (37.2°C) measured under arm; over 100.4°F (37.2°C) rectally

Pulling at ear as if in pain • Crying • Fever • Drainage from ear

Frequent, loose, watery stool • Often occurs with fever or vomiting

Red, inflamed or pimply skin in diaper area • Strong ammonia smell

Barking, croaking cough • Hoarse cry • Difficulty breathing

Greasy or dry, yellow, scaly or crusty patches attached to scalp

Difficulty passing stool or hard, pellet-like stool • Straining and pain • Blood in or on stool

Rummy or stuffy nose • Low fever • Cough • Sore throat • Fussiness • Poor appetite

Unexplained bouts of crying lasting 1-2 hours • Red face • Legs drawn to belly as if in pain

Call PCP* for any fever if baby is 3 months old or less, fever is over 101°F (38.3°C) for ages 4-12 months, or for any fever lasting more than 3 days. • Give baby-strength acetaminophen or ibuprofen if fever is over 102°F (39°C).

See PCP* for diagnosis • Report any fever and/or discharge. • Give all antibiotics, if prescribed. • Keep affected ear dry during bathing if eardrum has tear. • Give baby-strength acetaminophen or ibuprofen for pain or if fever is over 102°F (39°C).

Call PCP* if diarrhea is persistent or if baby has fever, is vomiting or bleeding, or refuses to drink. • Give fluids in frequent, small amounts. Continue full-strength formula (or breastfeeding) if symptoms are mild. • Babies normally treated with diet (rice, applesauce, bananas), not medicine.

Change diaper often to keep baby clean and dry. • Wash area with warm water at each change. Use mild soap only if stool is present. • Treat rash with A&D or zinc ointment. • Let baby go diaperless at times. • See PCP* if rash lasts more than 3 days or bleeds.

Hold baby upright. • Have baby breathe moist air in steamy bathroom. • Call PCP* if this is baby's first episode or breathing is mildly difficult. • Call for help or go to ER for drooling/inability to swallow, severe difficulty breathing, blue lips or fingers, or decreased consciousness.

Softens crusts with baby oil or olive oil 1 hour before washing. • Shampoo often with baby shampoo. • Check with PCP* before using medicated shampoos. • Use soft baby brush daily to prevent build-up. • Call PCP* if patches persist or baby has red, scaly areas on body.

Check with PCP* about any diet changes (cereals, bananas and applesauce can be constipating). • Increase fluids if possible. • See PCP* if baby is not relieved or has bloody stools. • Never use laxatives or medicines without PCP's* OK.**

If no fever, keep baby warm, give fluid and raise head. • Clear nose often and humidify air. • Call PCP* for fever, shaking chills, difficulty breathing or swallowing, earaches, hacking cough or enlarged glands. • Take baby to emergency room if lips or skin are blue.

Comfort baby with rocking, walking, car rides, warm bath, swaddling, burping or gently rubbing tummy or back. • If breastfeeding, try changing diet. • See PCP* if you suspect illness. • Colic is a normal phase for some babies and lasts 3-4 months.

NEVER SHAKE A BABY. STAY CALM. THE BABY WILL PICK UP ON YOUR DISCOMFORT. IF CRIES CONTINUE FOR LONG PERIODS OF TIME, CALL YOUR PRIMARY CARE PROVIDER.

EMERGENCY NUMBERS

Primary Care Provider (PCP) _____
 Police / Fire / Ambulance _____
 Pharmacy _____
 Poison Control 1-800-222-1222 (in U.S.) _____
 Other _____

*Primary Care Provider

**Remember, children differ in their number of stools per day.

For sooting up, feed more slowly and burp often • For vomiting, give small amounts of clear fluids • If severe vomiting, rest stomach 1 hour then start fluids • Call PCP if vomiting lasts over 24 hours or baby has no urine for over 3 hours, sunken soft spot on head or blood in vomit

Slight bleeding and discharge common in newborn girls for a few days. If later, see PCP • Pat genital area dry after bathing • Always wipe baby girls front to back • Use mild soap only • Avoid bubble baths • Change baby frequently

Keep diaper (and below cord stump) • Clean cord base (where it attaches) with rubbing alcohol twice daily until 1 week after cord falls off • Cord will fall on its own—do not pull • See PCP if cord area becomes red, swollen or foul-smelling

See PCP for diagnosis and treatment • Give baby medication as directed • Cool all foods to room temperature • Soak pacifiers and nipples from bottles in hot water 15 minutes • Change diapers frequently to prevent thrush in diaper area

Give baby something hard or cool to bite, like a baby biscuit, chilled teething ring or washcloth—not wood or plastic • Comfort baby • Rub arm with finger, not liquid • Call PCP for severe pain or fever over 101°F (38.3°C)

Ease in children under age 2 • See PCP for diagnosis (lets test) and treatment (antibiotics) • Conscious until 24 hours after starting antibiotics • Warm fluids and baby-soragin administration or ibuprofen will help relieve pain/fever

Blood or mucus may be normal in FIRST FEW DAYS OF LIFE ONLY. Later alert PCP • Call PCP immediately if stool looks very red, like jelly, or streaks of blood appear on diaper or stool

If flu-like symptoms are accompanied by stiff neck, body rash or aversion to light, call PCP immediately • Hospital diagnosis and treatment are probably required • Do not give any medication without PCP's OK

Mild case is common in newborn's first week, usually appearing 2-3 days after birth, then diminishing • If jaundice persists or worsens, see PCP immediately for diagnosis and treatment

Any head injury with these symptoms is an EMERGENCY. Call for emergency help • If possible, don't move baby if you suspect neck or back injury or broken bone, or there's new, clear or blood-tinged discharge from nose or ear.

Preventive measures • May occur with fever, diarrhea, etc.

Clear, white, pink or blood-tinged discharge in newborn girl

Stomach pain • Vomiting • Diarrhea • Blood in stool • Fever • Vomiting • Stomach cramping or pain

White or gray coating inside mouth • Fussiness • Unresponsive feeding

Redness, swelling, itching, pain • Gum sore • Drooling • Fussiness

Red throat • Fever • Eye discharge on cheeks • Painful swallowing • Vomiting

Blood or mucus in stools at FIRST WEEK • Later, ask PCP to see

Soft stools • High fever • Lethargy • Irritability • Vomiting • Bulging soft spot on head

Yellowish skin or whites of eyes • High fever • Pain, swelling • Rash

Unconsciousness • Frequent vomiting • Unstable, high respiratory rate

TAKE EMERGENCY ACTION

Call paramedics, ambulance or go to emergency room when...

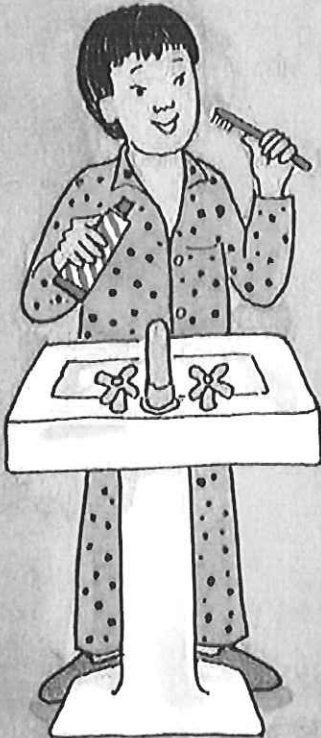
- BABY HAS DIFFICULTY BREATHING
- BABY HAS BLEEDING THAT WON'T STOP
- BABY IS UNCONSCIOUS

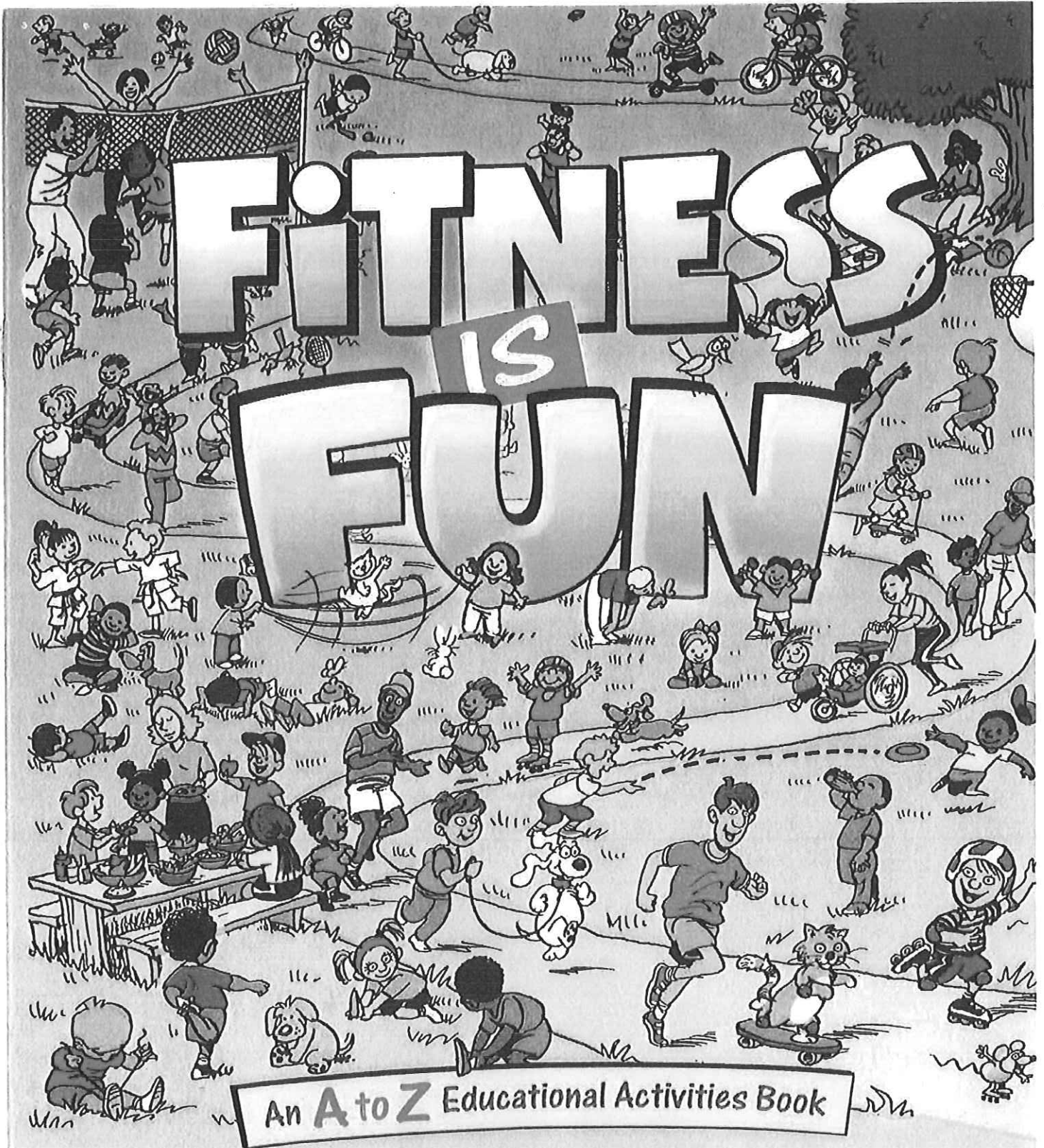
Know how to handle an emergency—you'll stay calm and in control. Contact your hospital or local chapters of the American Red Cross or American Heart Association for a course that includes Infant First Aid and Cardiopulmonary Resuscitation (CPR) TODAY.



Learn About
**GOOD
HEALTH
HABITS**

COLORING & ACTIVITY BOOK



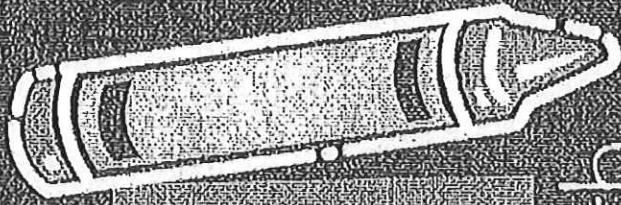


An **A to Z** Educational Activities Book

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