



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
 MMB12033

PAGE
 1

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

VENDOR

Respiratory Health Services
 515 Fairmount Ave.
 Suite 600
 Towson, MD 21286

SHIP TO

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV
 25705 304-525-7801

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/26/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	10	EA		979-45 MONTHLY RENTAL OF OXYGEN CONCENTRATORS	45.00	450.00
0002	10	EA		979-45 MONTHLY RENTAL OF AUTO CPAP W/HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE).	175.00	1750.00
0003	10	EA		979-45 MONTHLY RENTAL OF BI-PAP WITH HEATED HUMIDIFICATION (BILEVEL POSITIVE AIRWAY PRESSURE).	195.00	1950.00
0004	10	EA		979-45 MONTHLY RENTAL OF CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE).	125.00	1250.00



SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 800-728-8808 DATE: 8/23/11

TITLE: SVP FEIN: 522054567 ADDRESS CHANGES TO BE NOTED ABOVE

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



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0005	2	EA		979-45	40 ⁰⁰	80 ⁰⁰
	MONTHLY RENTAL OF TRACHEA HUMIDIFICATION EQUIPMENT. (50 psi Compressor)					
				Mask	59.19	11,838. ⁰⁰
0006	200	EA		271-80 Head Gear	36.26	7,252. ⁰⁰
	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) NASAL MASK WITH HEAD GEAR.					
				Mask	95.75	19,150. ⁰⁰
0007	200	EA		271-80 Head Gear	36.26	7,252. ⁰⁰
	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) FULL FACE WITH HEAD GEAR.					
0008	200	EA		271-80	44.31	8,862. ⁰⁰
	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) TUBING.					
0009	104	HR		948-86	46. ⁰⁰	4,784. ⁰⁰
	RESPIRATORY THERAPIST SERVICES - HOURLY CHARGES -					

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0010	104	HR		948-86	46. ⁰⁰	4,784. ⁰⁰
MONDAY THRU FRIDAY 9 A.M. TO 5 P.M. * 4 hr. min. RESPIRATORY THERAPIST SERVICES - HOURLY CHARGES -						
0011	104	HR		948-86	46. ⁰⁰	4,784. ⁰⁰
WEEKENDS AND/OR HOLIDAYS 9 A.M. TO 5 P.M. * 4 hr. min.						
0012	156	EA		948-86	368. ⁰⁰	57,408. ⁰⁰
AFTERHOURS AND EMERGENCIES (AFTER 5 P.M.) * 4 hr. min. per call out RESPIRATORY THERAPIST SERVICES - DAILY CHARGES FOR MONDAY THRU FRIDAY 9 A.M. TO 5 P.M. THIS WILL BE AN OPEN END CONTRACT TO PROVIDE RENTAL OF RESPIRATORY THERAPY EQUIPMENT, AND PURCHASE OF SUPPLIES AND CONSULTING SERVICES ON THE CAMPUS OF THE HOSPITAL, PER THE ATTACHED SPECIFICATIONS.						

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<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> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR</p>						

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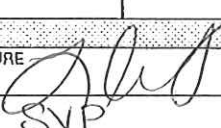
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<p>IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, 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 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>						

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LINE	QUANTITY	UOP	QAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 8/9/2011. 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>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						

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SIGNATURE <i>[Signature]</i>	TELEPHONE 800-728-8808	DATE 8/23/11	
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BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	QAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<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>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</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> <p>SEALED BID</p> <p>BUYER: ----- RW/FILE 22 -----</p> <p>RFQ. NO.: ----- MMB12033 -----</p>						

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STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Vendor: Respiratory Health Services

Buyer:	Page:	Requisition or P.O. No.:
RW22		MMB12033
Spending Unit:		
WVDHHR/BHFF/MMBH		

To provide an open-end contract for a Respiratory Therapist Equipment, Supplies and Consulting Services.

The purpose of this request is to obtain Rentals for Respiratory Therapist Equipment, as well as providing Supplies and Consulting Services at the State Owned & Operated Psychiatric Hospital, Mildred Mitchell-Bateman Hospital.

MANDATORY REQUIREMENTS:

Vendor (Agency/Respiratory Therapist) must agree to provide a Licensed Respiratory Therapist (RT) who must schedule and coordinate a weekly visit with the appropriate designee of each unit, to consult and review any issues associated with respiratory equipment or settings for Mildred Mitchell-Bateman Hospital (MMBH) patients, whether rental or hospital property.

Vendor (Agency/Respiratory Therapist) must agree to be responsible for providing on-call respiratory assistance for after hours, weekends, and holidays should any emergency arise due to malfunction of any respiratory equipment and/or new patients being admitted requiring respiratory care.

Vendor (Agency/Respiratory Therapist) must agree to make any specific recommendations for the use and maintenance of equipment whether it is MMBH equipment or Vendor (Agency/Respiratory Therapist) equipment and providing Nursing/Clinical Staff with education in conjunction with the Staff Development Department Nurse Educators.

This education must include but not limited to:

- Orientation to the specific equipment being utilized
- Proper use and set up of equipment
- Adjustments made to any equipment being utilized
- Cleaning guidelines
- Discarding and storage of nebulzers
- CPAP (Continuous Positive Airway Pressure) apparatus
- Tracheotomy specific care guidelines
- Oxygen concentrators
- Regular filter changes in all respiratory equipment

Vendor (Agency/Respiratory Therapist) must agree to be responsible for ensuring that CPAP (Continuous Positive Airway Pressure) settings concur with the written physician's order and that the headgear adjustment and fitting is correct for each patient. MMBH (Mildred Mitchell-Bateman Hospital) and the Respiratory Therapist shall review and revise any educational/training suggestions as they occur.

EQUIPMENT & SUPPLIES:

MMBH (Mildred Mitchell-Bateman Hospital) shall be responsible for the care and maintenance of hospital owned equipment.

MMBH (Mildred Mitchell-Bateman Hospital) must retain the option to utilize our equipment & supplies whenever possible including:

- CPAP (Continuous Positive Airway Pressure) Machines
- Nebulizers
- Pulse Oximeters
- Oxygen Concentrators
- Nebulizer Tubing
- Oxygen Tubing
- CPAP (Continuous Positive Airway Pressure) Mask
- CPAP (Continuous Positive Airway Pressure) Tubing
- Trachea Care Kits
- Trachea humidifier supplies
- Trachea tubes

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Vendor: Respiratory Health Services

Buyer: RW22	Page:	Requisition or P.O. No.: MMB12033
Spending Unit: WVDHHR/BHHF/MMBH		

RENTAL EQUIPMENT MAINTENANCE:

Vendor (Agency/Respiratory Therapist) must agree to be responsible for maintaining the proper function of rental equipment and they must complete quarterly checks consisting of analyzing the units and changing of internal filters. In the event of equipment failure the Vendor (Agency/Respiratory Therapist) must provide a replacement or exchange equipment as deemed necessary within 2 hours of notification.

RHS currently contracts the billing of all 3rd party payors

BILLING PATIENT FOR RENTAL EQUIPMENT:

Vendor (Agency/Respiratory Therapist) must agree to be responsible for billing the patient's insurance carrier for any and all rental equipment and/or supplies.

Mildred Mitchell-Bateman Hospital agrees to be responsible for the cost of and all rental equipment and/or supplies when the patient has no medical insurance to bill.

BILLING FOR ANY/ALL RENTAL EQUIPMENT/SUPPLIES:

All invoices must be paid in arrears.

RENTAL EQUIPMENT:

Vendor (Agency/Respiratory Therapist) must provide pricing for the following items, this must reflect monthly rates:

Rental Equipment:

- Oxygen Concentrators
- Auto CPAP (Continuous Positive Airway Pressure) with heated humidification
- Bi-PAP (Bilevel Positive Airway Pressure) with heated humidification
- CPAP (Continuous Positive Airway Pressure) with heated humidification
- Trachea humidification equipment

SUPPLIES:

Vendor (Agency/Respiratory Therapist) must provide pricing for the following supplies, these are actual purchase prices per unit:

Supplies:

- CPAP (Continuous Positive Airway Pressure) Nasal Mask with Head Gear
- CPAP (Continuous Positive Airway Pressure) Full Face with Head Gear
- CPAP (Continuous Positive Airway Pressure) Tubing

SERVICES:

Vendor (Agency/Respiratory Therapist) must submit pricing for the following visits and/or times or service:

- Hourly charges for services provided Monday - Friday 9am to 5pm
- Hourly charges for services provided weekends and/or holidays
- Hourly charges for services provided after hours and/or emergency calls
- Daily charges for specific services provided (8hr minimum)

AWARD:

Contract will be awarded to the successful bidder based on lowest bid grand total meeting specifications.

RENEWAL:

This contract may be renewed upon the mutual written consent of both parties. Such renewal should be accordance with the terms and conditions of the original contract and shall be limited to two (2) one (1) year periods.

Terms, conditions and pricing set herein are firm for the life of the contract.

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET


Page ___ of ___ Pages

Requisition / P.O. No.:
MB12033

File: RW22 Acct. No.: 5156-2012-2927-335-030 PROJ 3119

Vendor: Respiratory Health Services P.O. Date: 08/25/2011

Spending Unit:
WVDHHR/BHHF/MMBH

Item No.	Quantity	Description	Unit Price	Amount
COST SHEET				
Quantities are estimates and are only for bidding purpose.				
MONTHLY RENTAL EQUIPMENT:				
#1	10 EA	OXYGEN CONCENTRATORS	45 ⁰⁰	450 ⁰⁰
#2	10 EA	AUTO CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)	175 ⁰⁰	1750 ⁰⁰
#3	10 EA	BI-PAP WITH HEATED HUMIDIFICATION (BILEVEL POSITIVE AIRWAY PRESSURE)	195 ⁰⁰	1950 ⁰⁰
#4	10 EA	CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)	125 ⁰⁰	1250 ⁰⁰
#5	2 EA	TRACHEA HUMIDIFICATION EQUIPMENT (50 psi Compressor)	40 ⁰⁰	80 ⁰⁰
SUPPLIES: - * See Addendum pg. 5 for Details on Supplies, by item				
#5	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) Mask NASAL MASK WITH HEAD GEAR Head Gear	59.19 36.26	11,838. ⁰⁰ 7,252. ⁰⁰
#6	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) Mask FULL FACE WITH HEAD GEAR Head Gear	95.75 36.26	19,150. ⁰⁰ 7,252. ⁰⁰
#7	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) TUBING	44.31	8,862. ⁰⁰
SERVICES:				
#8	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr. min - MONDAY THRU FRIDAY 9 A.M. - 5 P.M.	46 ⁰⁰	4,784. ⁰⁰
#9	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr. min - WEEKENDS AND/OR HOLIDAYS 9 A.M. - 5 P.M.	46 ⁰⁰	4,784. ⁰⁰
#10	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr. min per - AFTERHOURS AND EMERGENCIES (AFTER 5 P.M.) call at	46 ⁰⁰	4,784. ⁰⁰
#11	156 DAYS	DAILY CHARGES FOR SERVICES PROVIDED FOR 8 HOURS - MONDAY THRU FRIDAY 9.A.M. - 5 P.M.	368. ⁰⁰	57,408. ⁰⁰
GRAND TOTAL				See Addendum #1
BIDS SUBMITTED BY:		<u>Mike Harvey</u>		
SIGNATURE:				
COMPANY:		<u>Respiratory Health Services</u>		
DATE:		<u>8/22/2011</u>		

RFQ No. MMB12033

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 exceeds 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: Respiratory Health Services

Authorized Signature: [Signature] Date: 8/23/11

State of Pennsylvania

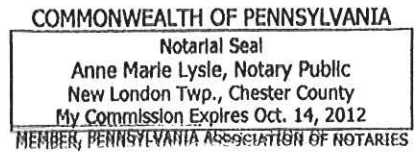
County of Chester, to-wit:

Taken, subscribed, and sworn to before me this 23 day of August, 2011.

My Commission expires Oct 14, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



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: Respiratory Health Services Signed: 
Date: 8/23/11 Title: SVP

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



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
 MMB12033

PAGE
 1

ORIGINAL

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

VENDOR

Respiratory Health Services
 515 Fairmount Ave
 Suite 600
 Towson, MD 21286

SHIP TO

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV
 25705 304-525-7801

Vendor # 424/34331

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/12/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: MMB12033						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO. S:						
NO. 1 <input checked="" type="checkbox"/> <i>[Signature]</i>						
NO. 2 <input type="checkbox"/>						
NO. 3 <input type="checkbox"/>						
NO. 4 <input type="checkbox"/>						
NO. 5 <input type="checkbox"/>						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 800-728-8808	DATE 8/23/11
TITLE SVP	FEIN 52 205 4567	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
MMB12033

PAGE
2

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

VENDOR


Respiratory Health Services
 515 Fairmount Ave
 Suite 600
 Towson, MD 21286

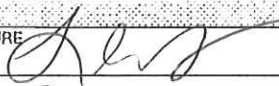
SHIP TO

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV
 25705 304-525-7801

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/12/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<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 INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: right;">  (Mike Harvey) SIGNATURE Respiratory Health Services COMPANY 8/22/2011 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE 	TELEPHONE 800-728-8808	DATE 8/23/11	
TITLE SVP	FEIN 522054567	ADDRESS CHANGES TO BE NOTED ABOVE	

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

ADDENDUM #1 MMB12033

QUESTION #1

Vendor understands that the volume is estimate, however, the quantities listed of 200 each seems excessive. Could a more accurate volume for these items be provided?

ANSWER #1

The estimation figure of 200 is an estimation based upon a yearly consumption not monthly. Supply and demand can fluctuate according to the medical conditions of our patients admitted. EX: Last month (July) and so far this month we have stayed steady with as high as 11 patients utilizing C-pap machines on the same day.

QUESTION #2

Does the 104 hours reflect the actual or the average number of hours being billed monthly for each item?

ANSWER #2

Average

QUESTION #3

Can you provide the average number of hours per day that the Respiratory therapist is spending on site?

ANSWER #3

We prefer not to set it at an average since the census changes so frequently. We are allowing for them to be at the hospital for 8 hours with maintenance issues, however if they are setting machines it will only be for the time needed to prepare the machines for patient use or repairs.

QUESTION #4

Is this the actual number (104 hours) of 8 hour days utilized over the last year? If not 8-hours, how many hours per each day?

ANSWER #4

This is an approximate number of hours (104) per month. Averaging 3.25 days per week when census is high and/or patients admitted have chronic respiratory related conditions.

QUESTION #5

Does the facility own any respiratory –related equipment that would need to be maintained by vendor?
If so, what types? What quantities?

ANSWER #5

MMBH shall be responsible for the care and maintenance of MMBH owned equipment.

ADDENDUM #1 MMB12033

QUESTION #6

Can you provide the number of patients that are billed monthly by the vendor to third party payers instead of MMBH?

ANSWER #6

We are currently paying for all rentals. Our vendors are not currently billing third party payers re: rentals. This is one of the reasons we are seeking a contract with a Respiratory Agency.

QUESTION #7

Is it permissible for the vendor to use a subcontractor to bill third party payers?

ANSWER #7

No.

QUESTION #8

There are numerous disposable supplies required with ea trachea humidification equipment including, but not limited to: Trach Masks, Jet Nebulizers, Corrugated Tubing, Water Traps, Trach Ties, T-Adapters, etc. Some items are changed daily; some are changed monthly or as-needed. The single, line itemization does not allow for that detail. How would the state like that detail provided? Or, is it the intention of the facility that the vendors provide the initial set-up and the facility to provide the supplies?

ANSWER #8

For bidding purposes, we have revised the cost sheet to allow for the different items that may be needed during the contract.

Vendor must provide complete initial set up consisting of equipment and supplies needed to properly operate machine at the time of requested delivery; however it is the intent of the hospital to provide disposable supplies as they are needed after initial set up.

WV-36 (Rev. 01/01/07)

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Page 1 of 2 Pages Requisition / P.O. No.: MMB12033
 File: RW22 Acct. No.: 6166-2012-2027-335-030 PROJ 3110
 Spending Unit: WVDHHR/BHFF/MMBH

Vendor: Respiratory Health Services P.O. Date: 08/25/2011

Item No.	Quantity	Description	Unit Price	Amount
		COST SHEET Quantities are estimates and are only for bidding purpose.		
		MONTHLY RENTAL EQUIPMENT:		
#1	10 EA	OXYGEN CONCENTRATORS	45 ⁰⁰	450. ⁰⁰
#2	10 EA	AUTO CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)	175. ⁰⁰	1750. ⁰⁰
#3	10 EA	BI-PAP WITH HEATED HUMIDIFICATION (BILEVEL POSITIVE AIRWAY PRESSURE)	195. ⁰⁰	1950. ⁰⁰
#4	10 EA	CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)	125. ⁰⁰	1250. ⁰⁰
#5	2 EA	TRACHEA HUMIDIFICATION EQUIPMENT (50 psi Compressor)	40 ⁰⁰	80 ⁰⁰
		SUPPLIES:		
#6	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) NASAL MASK WITH HEAD GEAR	Mask 59.19 Head Gear 36.26	11,838. ⁰⁰ 7,252. ⁰⁰
#7	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) FULL FACE WITH HEAD GEAR	Mask 95.75 Head Gear 36.26	19,150. ⁰⁰ 7,252. ⁰⁰
#8	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) TUBING	44.31	8,862. ⁰⁰
#9	5 EA	TRACH MASKS	2.44	12.20 ⁰⁰
#10	5 EA	JET NEBULIZERS (Pre-filled)	5.34	26.70
#11	5 EA	CORRUGATED TUBING (6 Ft.)	1.09	5.45
#12	5 EA	WATER TRAPS	1.41	7.05
#13	5 EA	TRACH TIES	3.92	19.60
#14	5 EA	T-ADAPTERS	.31	1.55
		SERVICES:		
#15	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr. min. - MONDAY THRU FRIDAY 9 A.M. - 5 P.M.	46 ⁰⁰	4,784. ⁰⁰
#16	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr. min. - WEEKENDS AND/OR HOLIDAYS 9 A.M. - 5 P.M.	46 ⁰⁰	4,784. ⁰⁰
#17	104 HR	HOURLY CHARGES FOR SERVICES * 4 hr per call - AFTERHOURS AND EMERGENCIES (AFTER 5 P.M.) Min	46 ⁰⁰	4,784. ⁰⁰

WV-36 (Rev. 01/01/07)

STATE OF WEST VIRGINIA

PURCHASE CONTINUATION SHEET

Vendor: Respiratory Health Services P.O. Date: 08/25/2011

Page 2 of 2 Pages

Requisition / P.O. No.:
MMB12033

File: RW22 Accl. No.: 5160-2012-2027-336-030 PROJ 3119

Spending Unit:
WVDHHR/BHHF/MMBH

Item No.	Quantity	Description	Unit Price	Amount
#18	156 DAYS	DAILY CHARGES FOR SERVICES PROVIDED FOR 8 HOURS - MONDAY THRU FRIDAY 9.AM. - 5 P.M.	368. ⁰⁰	57,408. ⁰⁰
GRAND TOTAL				131,666. ⁰⁰
		BIDS SUBMITTED BY: <u>Mike Harvey</u>		
		SIGNATURE: <u>[Signature]</u>		
		COMPANY: <u>Respiratory Health Services</u>		
		DATE: <u>8/22/2011</u>		
				131,666. ⁰⁰