



Samela, Inc. d/b/a

NorthShore Care Supply



650 Anthony Trl Ste A
Northbrook, Illinois 60062
Ph: (800) 563-0161
Fx: (847) 559-0098
Email: adam@northshorecare.com
Website: www.northshorecare.com

Date: April 27, 2012

Pages: 4

To: Roberta Wagner
Company: Purchasing Division

Fax: 304-558-3970
From: Adam Greenberg

Ref: RFQ WIC12111 Addendum No 1

Please accept this fax copy of addendum no. 1 for the above referenced RFQ.

Our sealed bid was already mailed separately before we received this addendum. I will mail the original signed addendum to you as well.

Sincerely,

Adam Greenberg

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2012 APR 27 PM 4:03
WV PURCHASING
DIVISION





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

WIC12111

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

NORTHSHORE CARE SUPPLY
650A ANTHONY TRAIL
NORTHBROOK, IL 60062

SHIP TO

HEALTH AND HUMAN RESOURCES
BPH - NUTRITION SERVICES (WIC)
C/O DHHR MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS		
04/19/2012						
BID OPENING DATE: 05/03/2012		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 1</p> <p>1. QUESTIONS AND ANSWERS ARE ATTACHED.</p> <p>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.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO. WIC12111</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.....</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</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'



State of West Virginia
Department of Administration
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Post Office Box 50130
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ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

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HEALTH AND HUMAN RESOURCES
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900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
04/19/2012				

BID OPENING DATE:

05/03/2012

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>..... SIGNATURE NorthShore Care Supply COMPANY 4/27/12 DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID. REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</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'

003

Response to Vendor Questions – RFQ WIC 12111

Q: Will you please let us know if the product for which you are soliciting quotes in RFQ WIC 12111 can be palletized on several pallets and delivered by semi-truck to a semi-truck-height loading dock at the ship-to address specified? If so, does your receiving facility have a pallet mover with which to remove the pallets from the delivering truck?

A: Product will be shipped to WVDHHR Warehouse, 900 Bullitt Street, Charleston, WV 25301. The warehouse is able to accept palletized material and does have a pallet mover.

Q: I will be processing your quote request – WIC 12111. I was reading over the Product Specifications sheet and wanted to make you aware that the units you are requesting do not come with a 2 Year Parts and Labor Warranty. Both the Health O Meter 600KL and the Seca 374 come with a 2 Year Limited Warranty that includes part replacement and possible repair, but it would be required that it be shipped to the manufacturer. It will not include onsite labor repair.

A: Two Year Limited Warranty that includes parts replacement and possible repair requiring ship to manufacturer is acceptable for these items.

A handwritten signature, possibly reading 'AB', is located at the bottom center of the page.



State of West Virginia
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Request for Quotation

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ROBERTA WAGNER

304-558-0067

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NORTHSHORE CARE SUPPLY
650A ANTHONY TRAIL
NORTHBROOK, IL 60062

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HEALTH AND HUMAN RESOURCES
BPH - NUTRITION SERVICES (WIC)
C/O DHHR MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/05/2012				

BID OPENING DATE:

05/03/2012

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU PUBLIC HEALTH CENTRAL FINANCE REQUEST A QUOTE TO FURNISH HEALTH O METER 600KL PHYSICIAN SCALES (OR EQUAL); SECA374 WIRELESS BABY SCALES (OR EQUAL); SECA400 AC ADAPTORS FOR SEC374 INFANT SCALE (OR EQUAL) AND SECA425 CARRYING CASES (OR EQUAL) PER THE ATTACHED SPECIFICATIONS.						
*****BID OPENING: MAY 3, 2012 AT 1:30 PM						
LOCATION: PURCHASING DIVISION, BUILDING #15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305						
0001	62	EA		780-60	\$ 789.00	48,918.00
HEALTH O METER 600KL PHYSICIAN ELECTRONIC SCALE						
OR EQUAL						
0002	62	EA		780-60	\$ 319.00	19,778.00
SECA374 WIRELESS BABY SCALE OR EQUAL						

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2012 APR 23 AM 9:28

WV PURCHASING
DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
Adam Greenberg	800-563-0161	4-17-2012
TITLE	FAX	ADDRESS CHANGES TO BE NOTED ABOVE
President	304-4461126	

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
 5. Payment may only be made after the delivery and acceptance of goods or services.
 6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
 7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
 10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
 12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
 13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
 14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
 15. **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, and the West Virginia Insurance Commission. 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.
 16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.
- I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130.
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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

WIC12111

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ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

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HEALTH AND HUMAN RESOURCES
BPH - NUTRITION SERVICES (WIC)
C/O DHHR MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
04/05/2012				

BID OPENING DATE:

05/03/2012

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0003	62	EA	780-60	SECA400 AC ADAPTOR FOR SECA374 INFANT SCALE OR EQUAL	44.99	2,789.38
0004	7	EA	780-60	SECA425 CARRYING CASE OR EQUAL	169.00	1,183.00
0005	1	JB	962-24-00-000	SHIPPING AND HANDLING	-0-	-0-
ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT: (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERETO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.						
NOTICE						
A SIGNED BID MUST BE SUBMITTED TO:						
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						

SIGNATURE

Alan Greening

TELEPHONE

800-563-0161

DATE

4-17-12

TITLE

President

FAX

36-4461126

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

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER

304-558-0067

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HEALTH AND HUMAN RESOURCES
BPH - NUTRITION SERVICES (WIC)
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BID OPENING DATE: 05/03/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***A COURTESY COPY WOULD BE APPRECIATED.						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER: ROBERTA WAGNER/FILE 22						
RFQ. NO.: WIC12111						
BID OPENING DATE: 05/03/2012						
BID OPENING TIME: 1:30 PM						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
847-559-0098						
CONTACT PERSON (PLEASE PRINT CLEARLY):						
ADAM GREENBERG						
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.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
Adam Greenberg	800-563-0161	4-17-12
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	36-4461126	

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

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304-558-0067

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HEALTH AND HUMAN RESOURCES
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01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
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.						
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.						
REV. 01/17/2012						
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 SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.						
INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 04/17/2012. 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: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	<i>Alan Greenburg</i>	TELEPHONE	800-563-0161	DATE	4-17-12
TITLE	President	FBN	36-4461126	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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04/05/2012				

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05/03/2012

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: (304) 558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV						
***** THIS IS THE END OF RFQ WIC12111 ***** TOTAL:						\$ 72,668.38

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Adam Greenberg</i>	TELEPHONE 800-563-0161	DATE 4-17-12
TITLE President	FEIN 36-4461126	ADDRESS CHANGES TO BE NOTED ABOVE

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

WIC12111 PRODUCT SPECIFICATIONS

1) Health o meter Professional 600KL Physician Electronic Scale with Integral Digital Height Rod (or equal)

- *Must display weight in pounds or kilograms**
- *Minimum capacity and resolution 600lb x 0.2lb (272kg x 0.1kg)**
- *Platform dimensions must be 14-3/4"H x 14-11/16"W X 2-1/4"D**
- *Must be designed to connect to other devices (i.e. monitors or computers) via a USB port, which will allow acquisition of weight, height, and BMI from this scale**
- *Must be EMR (Electronic Medical Record) EHR (Electronic Health Record) compatible**
- *Must have the capability to be powered by AC adaptor or six (6) C cell batteries**
- *Must include AC adaptor**
- *Must be factory calibrated**
- *Must have two hard plastic wheels**
- *Must have electronic height rod, minimum 24"to maximum 84" x 1/8"**
- *Must have minimum two (2) year parts and labor warranty**

2) SECA374 Wireless Baby Scale with Extra Large Weighing Tray (or equal)

- *Must exhibit maximum 44 pound capacity**
- *Must have the capability to be EMR (Electronic Medical Record) integrated**
- *Must contain minimum features, Tare, Auto Hold, and BMIF (Breast Milk Intake Function), lbs/kg Switch Over, Auto-Clear, Damping, Reset, Automatic Switch- off Functions**
- *Weighing surface must be 24.2"Wx5.1"Hx10.8"D**
- *Overall dimensions must be 24.4"Wx7.5"Hx14.1"D**
- *Must be factory calibrated**
- *Must have capability to run by six (6) AA batteries or AC adaptor**
- *Must include minimum two (2) year parts and labor warranty**

3) SECA400 AC Adaptor for SECA374 Infant Scale (or equal)

- *AC Adaptor must compatible with SECA374 scales
- *Must be a Switch Mode Power Adapter that can charge the scales

4) SECA425 Baby Scale Carrying Case (or equal)

- *Must be compatible to transport SECA374 scales (or equal)
- *Size must be 30"Hx 17-3/4"W x 8-1/2"D
- *Must feature lift up/retractable plastic handle
- *Must feature interior straps for securing scales
- *Must feature two plastic wheels
- *Must include minimum two (2) year parts and labor warranty

5) Freight: FOB Destination

Vendor must deliver to: WVDHHR Warehouse
900 Bullit Street
Charleston WV 25301

Delivery must be within thirty (30) days of receipt of order.

Item #	Product Description	Quantity	Unit Cost	Extended Cost
1	Health o Meter Professional 600KL Physician Electronic Scale w/ Integral Digital Height Rod (or equal)	62	\$ 789.00	\$ 48,918.00
2	SECA374 Wireless Baby Scale w/ Extra Large Weighing Tray (or equal)	62	\$ 319.00	\$ 19,778.00
3	SECA400 AC Adaptor for SECA374 Infant Scale (or equal)	62	\$ 44.99	\$ 2,789.38
4	SECA425 Carrying Case (or equal)	7	\$ 169.00	\$ 1,183.00
5	Freight (FOB Destination)			\$ -0-
			Grand Total	72,668.38

*The award will be made to the vendor with the lowest overall grand total cost which meets all requested specifications and requirements. Payment will be made in arrears upon 100% acceptance by the agency.

Vendor Name: Samela, Inc. d/b/a NorthShore Care Supply

Vendor Address: 650 Anthony Trl #A
Northbrook, IL 60062

Vendor Phone: 800-563-0161

Vendor Fax: 847-559-0098

Vendor Email: info@northshorecare.com

Vendor Representative: ADAM GREENBERG (print)

Adam Greenberg (sign) Date: 4-17-2012

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.

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: Sunco, Inc. aka North Shore Care Supply

Authorized Signature: [Signature] Date: 11-20-2012

State of ILLINOIS

County of COOK, to-wit:

Taken, subscribed, and sworn to before me this 20th day of April, 2012

My Commission expires 02/07, 2015.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

