



DIPIETRO & ASSOCIATES

FAX COVER SHEET

TO: DEPARTMENT OF ADMINISTRATION
PURCHASING

COMPANY: STATE OF WEST VIRGINIA

FAX # 304-558-3970

NUMBER OF PAGES (INCLUDING COVER SHEET) 7

FROM: KATHY DIPIETRO

COMPANY: DIPIETRO & ASSOCIATES

PHONE # 530.477.6190

Fax # 530.477.6850

03/12/14 01:31:53PM
West Virginia Purchasing Division

NOTE: SEALED BID

BUYER: EVELYN MERTON

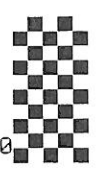
SOLICITATION #: DRS140312

BID OPENING DATE: MARCH 12, 2014

BID OPENING TIME: 1:30 P.M.

IF A DELIVERY PROBLEM OCCURS
 PLEASE CONTACT
 KATHY AT 530.477.6190

Health, Safety & Emergency Response, Training and Consulting Services
 664 A Freeman Lane #311, Grass Valley, CA 95949-9630. Tel: 530.477.6818, Fax: 530.477.6850





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

Solicitation

NUMBER
 DRS140312

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF
 EVELYN MELTON
 304-558-2306

RFQ COPY

TYPE NAME/ADDRESS HERE

V
E
N
D
O
R

S
U
B
P
O

DIV OF REHABILITATION SERVICES
 VARIOUS LOCALES AS
 INDICATED BY ORDER

DATE PRINTED
 02/27/2014

BID OPENING DATE: 03/12/2014

BID OPENING TIME 1:30PM

| LINE | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|--------|-----------------------------------|-----------------------|------------------------|
| ADDENDUM NO. 1 | | | | | | |
| ADDENDUM ISSUED: | | | | | | |
| 1. TO PROVIDE A RESPONSE TO VENDOR'S QUESTION REGARDING THE ABOVE SOLICITATION. | | | | | | |
| 2. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID. | | | | | | |
| END OF ADDENDUM NO. 1 | | | | | | |
| 0001 | 18 | EA | 455-14 | ZOLL AED DEFIBRILLATORS, OR EQUAL | \$1,250 ⁰⁰ | \$22,500 ⁰⁰ |
| ***** THIS IS THE END OF RFQ DRS140312 ***** TOTAL: | | | | | | |

03/12/14 01:32:06PM
 West Virginia Purchasing Division

SIGNATURE: *David DiPietro* TELEPHONE: 330-477-6818 DATE: 3/11/14
 TITLE: PRESIDENT FEIN: 830393890 ADDRESS CHANGES TO BE NOTED ABOVE

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

**REQUEST FOR QUOTATION
DRS140312 AED DEFIBRILLATORS**

PRICING PAGE

| Item | Qty | Description | Unit Cost | Extended Cost |
|------|-----|--------------------------|------------------------|-------------------------|
| 1. | 18 | AED, Zoll AED+, or equal | \$ 1,250 ⁰⁰ | \$ 22,500 ⁰⁰ |

LOWEST OVERALL TOTAL COST : \$ _____

BASIS of AWARD:

A contract will be awarded to the Vendor with the lowest overall total cost meeting specifications.

VENDOR: DIPIETRO ASSOCIATES, INC

ADDRESS: 101 W. MCKNIGHT
SUITE B, #255
CORASS VALLEY CA 95949

PHONE: 530-477-6818

FAX: 530-477-6850

SIGNATURE: 

DATE: 3/11/14

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

DIPIETRO & ASSOCIATES, INC.
(Company)


(Authorized Signature)

DAVID DIPIETRO, PRESIDENT
(Representative Name, Title)

530-477-6818 530-477-6850
(Phone Number) (Fax Number)

3/11/14
(Date)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: DIPietro & ASSOCIATES, INC.
Authorized Signature: [Signature] Date: 3/11/14

State of CALIFORNIA
County of NEVADA, to-wit:

Taken, subscribed, and sworn to before me this _____ day of _____, 20____.
My Commission expires _____, 20____.

AFFIX SEAL HERE **NOTARY PUBLIC** _____

Purchasing Affidavit (Revised 07/01/2012)



DIPIETRO & ASSOCIATES

FAX COVER SHEET

TO: DEPARTMENT OF ADMINISTRATION
PURCHASING

COMPANY: STATE OF WEST VIRGINIA

FAX # 304-558-3970

NUMBER OF PAGES (INCLUDING COVER SHEET) 7

FROM: KATHY DIPIETRO

COMPANY: DIPIETRO & ASSOCIATES

PHONE # 530.477.6190

Fax # 530.477.6850

NOTE: SEALED BID

BUYER: EVELYN MELTON

SOLICITATION #: DRS140312

BID OPENING DATE: MARCH 12, 2014

BID OPENING TIME: 1:30 P.M.

IF A DELIVERY PROBLEM OCCURS
PLEASE CONTACT
KATHY AT 530.477.6190

03/11/14 03:56:53PM
West Virginia Purchasing Division

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. **VENDOR QUESTION DEADLINE:** Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: February 24, 2014 - end of business

Submit Questions to: Evelyn P. Melton

2019 Washington Street, East

Charleston, WV 25305

Fax: 304-558-4115

Email: evelyn.p.melton@wv.gov

5. **VERBAL COMMUNICATION:** Any verbal communication between the Vendor and any State personnel is not binding, including that made at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.

6. **BID SUBMISSION:** All bids must be signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The Purchasing Division will not accept bids, modification of bids, or addendum acknowledgment forms via e-mail. Acceptable delivery methods include hand delivery, delivery by courier, or facsimile. The bid delivery address is:

Department of Administration, Purchasing Division

2019 Washington Street East

Charleston, WV 25305-0130

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DRS140312

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.


Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

DIPIETRO & ASSOCIATES, INC
Company


Authorized Signature

DAVID DIPIETRO 3/11/14
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



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

Solicitation

| |
|-----------|
| NUMBER |
| DRS140312 |

| |
|------|
| PAGE |
| 1 |

| |
|--|
| ADDRESS CORRESPONDENCE TO ATTENTION OF |
| EVELYN MELTON |
| 304-558-2306 |

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

DIV OF REHABILITATION SERVICES
 VARIOUS LOCALES AS
 INDICATED BY ORDER

SHIP TO

| |
|--------------|
| DATE PRINTED |
| 02/27/2014 |

BID OPENING DATE: 03/12/2014

BID OPENING TIME 1:30PM

| LINE | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|---------|-----------------------------------|-----------------------|------------------------|
| ADDENDUM NO. 1 | | | | | | |
| ADDENDUM ISSUED: | | | | | | |
| 1. TO PROVIDE A RESPONSE TO VENDOR'S QUESTION REGARDING THE ABOVE SOLICITATION. | | | | | | |
| 2. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID. | | | | | | |
| END OF ADDENDUM NO. 1 | | | | | | |
| 0001 | 18 | EA | 455-14 | ZOLL AED DEFIBRILLATORS, OR EQUAL | \$1,250 ⁰⁰ | \$22,500 ⁰⁰ |

***** THIS IS THE END OF RFQ DRS140312 ***** TOTAL:

DAVID DIPIETRO

| | | |
|--------------------|--------------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| <i>[Signature]</i> | 530-477-6818 | 3/11/14 |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |
| PRESIDENT | 830393890 | |

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

REQUEST FOR QUOTATION
DRS140312 AED DEFIBRILLATORS

PRICING PAGE

| Item | Qty | Description | Unit Cost | Extended Cost |
|------|-----|--------------------------|------------------------|-------------------------|
| 1. | 18 | AED, Zoll AED+, or equal | \$ 1,250 ⁰⁰ | \$ 22,500 ⁰⁰ |

LOWEST OVERALL TOTAL COST : \$ _____

BASIS of AWARD:

A contract will be awarded to the Vendor with the lowest overall total cost meeting specifications.

VENDOR: DIPIETRO ASSOCIATES, INC

ADDRESS: 101 W. MCKNIGHT
SUITE B #255
GRASS VALLEY CA 95949

PHONE: 530-477-6818

FAX: 530-477-6850

SIGNATURE: 

DATE: 3/11/14

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

DIPIETRO ASSOCIATES, INC.

(Company)



(Authorized Signature)

DAVID DIPIETRO, PRESIDENT

(Representative Name, Title)

530-477-6818 530-477-6850

(Phone Number)

(Fax Number)

3/11/14

(Date)

RFQ No. DRS140312

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: DIPIETRO ASSOCIATES, INC.
Authorized Signature: [Signature] Date: 3/11/14

State of CALIFORNIA

County of NEVADA, to-wit:

Taken, subscribed, and sworn to before me this ___ day of _____, 20__.

My Commission expires _____, 20__.

AFFIX SEAL HERE

NOTARY PUBLIC _____