

**REQUEST FOR QUOTATION
DRS140312 AED DEFIBRILLATORS**

PRICING PAGE

Item	Qty	Description	Unit Cost	Extended Cost
1.	18	AED, Zoll AED+, or equal	\$ 1,253	\$ 22,554

LOWEST OVERALL TOTAL COST : \$ 22,554

BASIS of AWARD:

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

VENDOR: Taylor-Med, Inc. dBa Med-Electronics

ADDRESS: 6608 Virginia Manor Road
Beltsville, MD 20705

PHONE: 301-345-8826

FAX: 301-345-5686

SIGNATURE: 

DATE: 3-7-14

03/10/14 08:24:15AM
West Virginia Purchasing Division

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.

TAYLOR MED, INC dba
MED-ELECTRONICS
 (Company)

[Signature]
 (Authorized Signature)

DEAN G. CLARK, President
 (Representative Name, Title)

301-345-8826 / 301-345-5686
 (Phone Number) (Fax Number)

3-7-2014
 (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 exceed 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: Taylor - Med Plus DBA Med-Electronics

Authorized Signature: [Signature] Date: 3-7-2014

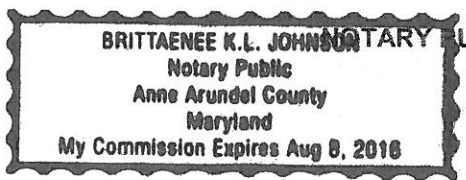
State of Maryland

County of Anne Arundel, to-wit:

Taken, subscribed, and sworn to before me this 7 day of March, 2014.

My Commission expires August 8, 2016, 20 .

AFFIX SEAL HERE



[Signature]
Purchasing Affidavit (Revised 07/01/2012)

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.

TAYLOR-MED, INC. dba
MED-ELECTRONICS

Company

[Handwritten Signature]

Authorized Signature

3-7-2014

Date

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

ADDENDUM # 01

DRS140312

To provide agency response to vendor questions:

Q. Can you please confirm the item number of the Zoll product you are looking for? Is it the 21000010102011000 or 901000000000000000?

A. It is Zoll item number 21000010102011000, or equal.