



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

**Solicitation**

NUMBER
HST1426

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BETH COLLINS 304-558-2157

\*709015107 01 304-255-0541

VENDOR

CSE CORPORATION  
 330 F HARPER PARK DR  
 BECKLEY WV 25801

SHIP TO

HEALTH, SAFETY, AND TRAINING  
 OFFICE OF MINERS'  
 7 PLAYERS CLUB DR, SUITE 2  
 CHARLESTON, WV  
 25311

DATE PRINTED
05/27/2014

BID OPENING DATE: 06/25/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				REQUEST FOR QUOTATION (RFQ) ONE TIME SPOT PURCHASE		
				THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA OFFICE OF MINER'S HEALTH, SAFETY, AND TRAINING, IS SOLICITING BIDS FOR FORTY (40) EACH SELF-CONTAINED SELF RESCUER BREATHING APPARATUS PER THE ATTACHED DOCUMENTATION.		
0001	40	EA	031-10	AIR PURIFIERS, ACCESSORIES AND SUPPLIES		
				***** THIS IS THE END OF RFQ HST1426 ***** TOTAL:		\$35,360.00
				06/18/14 09:38:37AM West Virginia Purchasing Division		

SIGNATURE Don Pannell <i>Don Pannell</i>	TELEPHONE 412-260-7968	DATE 6-16-14
TITLE Product Manager	FEIN 25-1111424	ADDRESS CHANGES TO BE NOTED ABOVE

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

**Exhibit A - Pricing Page**

**Self-Contained Self Rescuers**

**HST-1426**

<b>ITEM #</b>	<b>DESCRIPTION</b>	<b>ESTIMATED QUANTITY</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
1	Self-Contained Self Rescuers and Carry Case	40	\$ 884.00	\$ 35,360.00
	<b>GRAND TOTAL</b>			\$ 35,360.00
	*Vendor should not alter pricing page.			
	*Pricing sheet is an all-inclusive price and must include shipping charges.			
	*Contract award will be based on vendor meeting specifications with the lowest GRAND TOTAL price			

**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.

CSE Corporation

\_\_\_\_\_  
(Company)

*Don Pannell*

\_\_\_\_\_  
(Authorized Signature)

Don Pannell, Product Manager

\_\_\_\_\_  
(Representative Name, Title)

412-260-7968

\_\_\_\_\_  
(Phone Number)

304-255-6214

\_\_\_\_\_  
(Fax Number)

6-16-14

\_\_\_\_\_  
(Date)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: HST1426**

**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 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.

CSE Corporation

\_\_\_\_\_  
Company

*Don Parnell*

\_\_\_\_\_  
Authorized Signature

6-16-14

\_\_\_\_\_  
Date

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

RFQ No. HST1426

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: CSE CORPORATION

Authorized Signature: Don Pennell Date: 6-16-14

State of West Virginia

County of Raleigh, to-wit:

Taken, subscribed, and sworn to before me this 16<sup>th</sup> day of June, 2014.

My Commission expires May 12, 2015.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** Bridget L. Acord

*Purchasing Affidavit (Revised 07/01/2012)*

