



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

Solicitation

NUMBER
WEH14102

PAGE
1

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

*709024448 708-913-1113
 RICHARD WOLF MEDICAL INSTRUMEN
 353 CORPORATE WOODS PARKWAY

 VERNON HILLS IL 60061

VENDOR

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

 454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710

SHIP TO

DATE PRINTED
12/03/2013

BID OPENING DATE: 01/02/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WVDHHR WELCH COMMUNITY HOSPITAL, IS SOLICITING BIDS TO PROVIDE A LAPROSCOPIC VIDEO SYSTEM, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENTS INCLUDE:</p> <ol style="list-style-type: none"> 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS. 2. GENERAL TERMS AND CONDITIONS. 3. WEH14102 SPECIFICATIONS. 4. CERTIFICATION AND SIGNATURE PAGE. 5. PURCHASING AFFIDAVIT. 6. RESIDENT VENDOR PREFERENCE (RVP) FORM. <p>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.</p>						
0001	1	EA	493-99	LAPAROSCOPIC VIDEO SYSTEM CENTER	26,160	26,160

12/31/13 09:15:29AM
West Virginia Purchasing Division

SIGNATURE <i>John Wehn</i>	TELEPHONE 412-980-8958	DATE 12-29-2013
TITLE <i>Principal</i>	FEIN 36-2732789	ADDRESS CHANGES TO BE NOTED ABOVE

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



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0002	1	EA	493-99	HIGH INTENSITY 300W XENON LIGHT SOURCE	3,800	3,800
0003	1	EA	493-99	MEDICAL GRADE COLOR PRINTER	1,800	1,800
0004	1	EA	493-99	26" FULL HD LCD MONITOR	3,500	3,500
0005	1	EA	493-99	AUTOCLAVABLE CAMERA HEAD, 1.2X, EYE-PIECE TYPE	7,000	7,000
0006	1	EA	493-99	LIGHT GUIDE AUTOCLAVABLE WITHOUT CONDENSER	350	350

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0007	1	EA		493-99 WORKSTATION STANDARD SET	INCLUDED	INCLUDED
0008	1	EA		493-99 3 HIGH FLOW INSUFFLATOR	9,000	9,000
0009	1	EA		493-99 MONITOR ROLL STAND	800	800
0010	1	EA		493-99 CABLE/WIRE KIT NECESSARY FOR INSTALLATION	INCLUDED	INCLUDED
0011	1	EA		493-99 INSTALLATION	INCLUDED	INCLUDED

SIGNATURE <i>John Weha</i>	TELEPHONE 412-980-8958	DATE 12-29-2013
TITLE <i>Principal</i>	FEIN 36-2732789	ADDRESS CHANGES TO BE NOTED ABOVE

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SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
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DATE PRINTED
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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0012	1	EA		962-46	INCLUDED	INCLUDED
				MANUAL/CD'S		
0013	1	EA		493-99	INCLUDED	INCLUDED
				WARRANTY		
0014	1	JB		493-99	INCLUDED	INCLUDED
				DELIVERY		
0015	1	JB		924-35	INCLUDED	INCLUDED
				IN-SERVICE AND TRAINING		
***** THIS IS THE END OF RFQ WEH14102 ***** TOTAL:						62,910

SIGNATURE	TELEPHONE	DATE
John Welch	412-980-8958	12-29-2013
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Principal	36-2732789	

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

Description/Equipment	Quantity	Cost Per Unit	Total Cost
1. Laparoscopic video system center	1	26,160	26,160
2. High intensity 300W xenon light source	1	3,800	3,800
3. Medical grade color printer	1	1,800	1,800
4. 26" full HD LCD Monitor	2	3,500	7,000
5. Autoclavable camera head-eye-piece type	2	7,000	14,000
6. Light guide autoclavable without condenser	1	350	350
7. workstation standard set	1	INCLUDED	INCLUDED
8. High flow insufflator	1	9,000	9,000
9. Monitor roll stand	1	800	800
10. Cable/wire kit necessary for installation	1	INCLUDED	INCLUDED
11. Installation	1	INCLUDED	INCLUDED
12. Manual/CDs	1	INCLUDED	INCLUDED
13. Warranty	1	1 YEAR INCLUDED	1 YEAR INCLUDED
14. Delivery	1	INCLUDED	INCLUDED
15. In-service and Training	1	INCLUDED	INCLUDED
Overall Total Cost			62,910

Evaluation and Award Criteria: Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total cost.

RICHARD WOLF MEDICAL INSTRUMENTS CORP 353 CORPORATE WOODS PKWY
Vendor Name (Printed) **Purchase Order Address**
353 CORPORATE WOODS PKWY
VERNON HILLS, IL 60061

Vendor Remit-To Address:
JOHN J. WERTON
Vendor Authorized Representative (Printed) **Signature** 12-29-13
Date

412-980-8958 724-941-9346 jjw@wehnever.com
Telephone **Fax** **E-mail**



353 Corporate Woods Parkway
 Vernon Hills, IL 60061
 Phone: (800) 323 - 9653
 Fax: (847) 913 - 1488

Phone:
 Fax:

Price
Quote

WelchHD12-30-201

Account ID: 49390700-000	P.O. #: _____
WELCH EMERGENCY HOSPITAL	Contact: ROBERTA WAGNER
454 MCDOWELL STREET	Phone: 304-558-0067
	Fax:
WELCH, WV 24801	Email: Roberta.@.Wagner@wv.gov

Terms: Net 30 - FOB Vernon Hills, IL
 Date Quoted: 12/30/2013
 Date Expires: 02/13/2014

Qty	Item	Description	Price	Net	% off List	Extended Net
1	5550.654	CAMERA CCU, HD KIT TO INCLUDE: CAMERA CCU 5550.751, CAMERA HEAD 85550.975,	\$44,039.00	\$26,160.00	40.60 %	\$26,160.00
1	5132.012	LIGHT SOURCE, 300 W XENON, W/DIALOG FEATURE AND CAN-BUS, INCLUDES: (1) POWER CORD N710154	\$11,534.00	\$3,800.00	67.05 %	\$3,800.00
1	5365.855	USB DIGITAL THERMAL PRINTER, 8" X 12"	\$2,307.00	\$1,800.00	21.98 %	\$1,800.00
2	5371.6266	MONITOR, 26" WITH FREEZE FRAME PICTURE IN PICTURE, AND IMAGE COUNTER, INCLUDE: MONITOR DUST	\$7,024.00	\$3,500.00	50.17 %	\$7,000.00
2	85550.975	CAMERA HEAD, 3CCD HD, AUTOCLAVABLE, INTEGRATED COUPLER,5 FUNCTION ROCK ERSWITCH	\$30,408.00	\$7,000.00	76.98 %	\$14,000.00
1	8061.456	CABLE, FIBER LIGHT, 4.5MM, 3M, INCLUDES: WOLF LIGHT SOURCE ADAPTERS 8095.05 &8095.07	\$519.00	\$350.00	32.56 %	\$350.00
1	2232.601	INSUFFLATOR, CO2, 42 L/MIN, 120 V, INCLUDING: 2026.62 CO2 HOSE, 2026.64 CO2 YOKE,	\$11,930.00	\$9,000.00	24.56 %	\$9,000.00
1	31113.602	MONITOR ROLL STAND, ADJUSTABLE HEIGHT, VESA 100MM MOUNT, HANDLE INCLUDED FOR MOVING AND	\$1,731.00	\$800.00	53.78 %	\$800.00
Total						\$62,910.00

Comments:

Does not include applicable taxes and freight charges.

Authorized Signature _____ Printed Name _____
 Title _____ Date _____

REQUEST FOR QUOTATION
WEH14102 Laparoscopy System

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

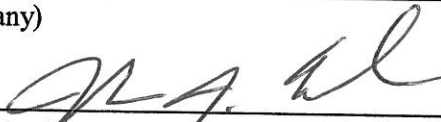
11.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: John Wchn, Principal
Telephone Number: 412-980-8958
Fax Number: 724-941-9346
Email Address: jjw@wchnever.com

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.

Richard Wolf Medical Instruments Corp.
(Company)


(Authorized Signature)

John Wehn - Principal
(Representative Name, Title)

412-980-8958 724-941-9346
(Phone Number) (Fax Number)

12/30/2013
(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: Richard Wolf Medical Instruments Corp

Authorized Signature: [Signature] Date: 12-30-13

State of PENNSYLVANIA

County of WASHINGTON, to-wit:

Taken, subscribed, and sworn to before me this 30 day of DECEMBER, 2013.

My Commission expires JUNE 27, 2015, 20 .

AFFIX SEAL HERE

NOTARY PUBLIC Justin A. Moss

