



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 15 - Food

Proc Folder: 95732

Doc Description: OPEN END CONTRACT TO PROVIDE DAIRY PRODUCTS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-05-15	2015-06-16 13:30:00	CRFQ 0506 MHC1500000002	1

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Potomac Farms Dairy
 P.O. Box 2189
 Cumberland, MD 21503
 1-800-356-6308

06/11/15 10:33:42
 WV Purchasing Division

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-2566
 april.e.battle@wv.gov

Signature X

FEIN # 25-0496620

DATE June 10, 2015

All offers subject to all terms and conditions contained in this solicitation



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 15 - Food

Proc Folder: 95732

Doc Description: ADDENDUM #1 OPEN END CONTRACT TO PROVIDE DAIRY PRODUCTS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-05-28	2015-06-16 13:30:00	CRFQ 0506 MHC1500000002	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
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 CHARLESTON WV 25305
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VENDOR

Vendor Name, Address and Telephone Number:

Potomac Farms Dairy
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Signature X

FEIN # 25-0496620

DATE June 10, 2015

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INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	MILK, HOMOGENIZED, 1/2 PINT	25000.00000	EA	.1922	4,805.00

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.1 - MILK, HOMOGENIZED, 1/2 PINT

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	MILK, SKIM, 1/2 PINT	25000.00000	EA	.1423	3,557.50

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.2 - MILK, SKIM, 1/2 PINT

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	MILK, 2% LOW FAT, 1/2 PINT	5800.00000	EA	.1716	995.28

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.3 - MILK, 2% LOW FAT, 1/2 PINT

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US	PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	MILK, HOMOGENIZED, BULK 5 GALLON	350.00000	EA	13.6393	4,773.76

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.4 - MILK, HOMOGENIZED, BULK 5 GALLON

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US	PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	MILK, CHOCOLATE MILK, 1/2 PINT	1200.00000	EA	.1636	196.32

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.5 - MILK, CHOCOLATE MILK, 1/2 PINT

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	LACTOSE FREE MILK, QUART SIZE	90.00000	EA	1.8700	168.30

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.6 - LACTOSE FREE MILK, QUART SIZE

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	INSULATED SHERBERT CUPS, 4 OZ, ASSORTED FLAVORS, 24	480.00000	EA	4.46/Per Box	2,140.80

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :
SECTION 3.1.7 - INSULATED SHERBERT CUPS, 4 OZ, ASSORTED FLAVORS, 24 PACK

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	SUGAR FREE ICE CREAM, CHOCOLATE & VANILLA, 4 OZ	480.00000	EA	5.72/Per Box	2,745.60

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :

SECTION 3.1.8 - SUGAR FREE ICE CREAM, CHOCOLATE & VANILLA, 4 OZ CUPS, 24 PK

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	YOGURT, 6 OZ., VARIOUS FLAVORS	24.00000	EA	.5300	12.72

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :

SECTION 3.1.9 - YOGURT, 6 OZ., VARIOUS FLAVORS

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV26554 US		PROCUREMENT OFFICER - 304-363-2500 HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR HEALTH CARE 401 GUFFEY ST FAIRMONT WV 26554 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	SOUR CREAM, 5 LB CONTAINER	100.00000	EA	6.5000	650.00

Comm Code	Manufacturer	Specification	Model #
50131700			

Extended Description :

SECTION 3.1.10 - SOUR CREAM, 5 LB CONTAINER

SOLICITATION NUMBER: MHC1500000002
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

-] Modify bid opening date and time
- | Modify specifications of product or service being sought
- | Attachment of vendor questions and responses
- | Attachment of pre-bid sign-in sheet
- | Correction of error
- | Other

Description of Modification to Solicitation:

ADDENDUM NO. 1

1) TO CORRECT THE QUESTION SUBMISSION DEADLINE DATE FROM JUNE 2, 2016, TO JUNE 2, 2015.

2) TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID.

END OF ADDENDUM NO. 1

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MHC150000002

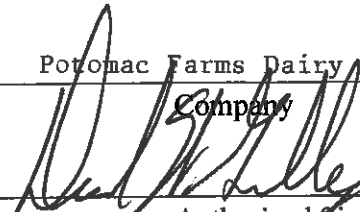
Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

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.

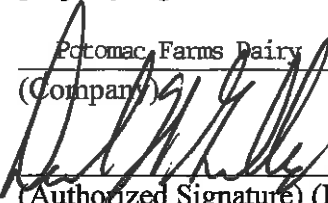
Potomac Farms Dairy
Company

Authorized Signature
June 10, 2015
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, 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, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Potomac Farms Dairy
(Company)

 , David W. Gilles, Vice President
(Authorized Signature) (Representative Name, Title)

1-800-356-6308, (301) 722-8433, June 10, 2015
(Phone Number) (Fax Number) (Date)

CENTRALIZED REQUEST FOR QUOTATION
MILK AND DAIRY PRODUCTS
CRFQ 0506 MHC150000002

- 8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 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: Pat Fisher
Telephone Number: (301) 697-4412
Fax Number: (301) 722-8433
Email Address: pfisher@gallikers.com

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: Potomac Farms Dairy

Authorized Signature:  Date: June 10, 2015

State of Maryland

County of Allegany, to-wit:

Taken, subscribed, and sworn to before me this 10 day of June, 2015.

My Commission expires August 8, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC

