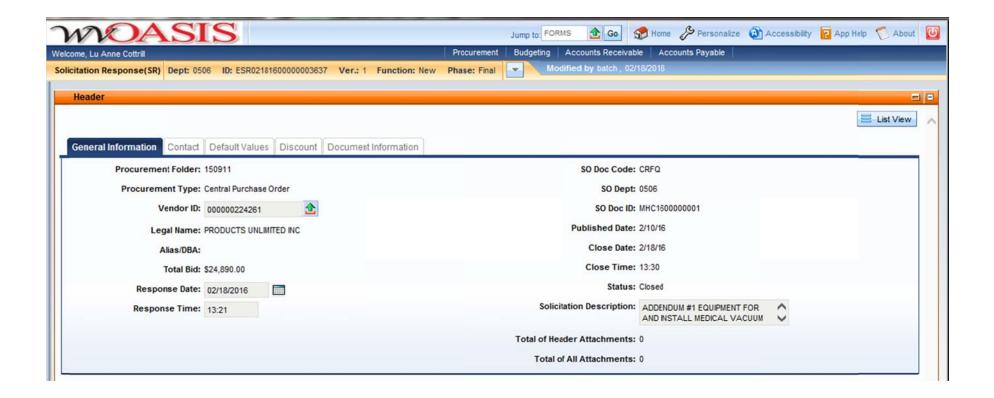


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





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

State of West Virginia Solicitation Response

Proc Folder: 150911

Solicitation Description: ADDENDUM #1 EQUIPMENT FOR AND INSTALL MEDICAL VACUUM SYS

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2016-02-18 13:30:00	SR 0506 ESR02181600000003637	1

VENDOR

000000224261

PRODUCTS UNLIMITED INC

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	AMICO ROTARY VANE LUBRICATED DUPLEX VACUUM	1.00000	EA	\$18,890.000000	\$18,890.00

Comm Code	Manufacturer	Specification	Model #	
42191707				

Extended Description:

ADDENDUM #1 - SECTION 3.1.1 - AMICO ROTARY VANE LUBRICATED DUPLEX VACUUM SYSTEM, MODEL NO. RVL-D-080P-TH-N-020 OR EQUAL.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	INSTALLATION OF THE MEDICAL VACUUM SYSTEM IN SECTION	1.00000	EA	\$6,000.000000	\$6,000.00

Comm Code	Manufacturer	Specification	Model #	
42191707				

Extended Description :

ADDENDUM #1 - SECTION 3.1.2 - INSTALLATION OF THE MEDICAL VACUUM SYSTEM IN SECTION 3.1.1

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 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: PROducts Unlimited	Lime.
Authorized Signature:	Date: 02/11/10
State of TEXAS	. 7
County of DENTON, to-wit:	
Taken, subscribed, and sworn to before me this \(\frac{177}{178} \) day	of FEBRUARY, 2016
My Commission expires MARCH 12	, 20 <u>18</u> .
AFFIX SEAL HERE REBEKAH ENRIGHT Notary Public, State of Texas	NOTARY PUBLIC PURCHASING Affidavit (Revised 04/01/2015)

March 12, 2018

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated 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.

Products Unlimited, CMC.

(Authorized Signature) (Representative Name, Title)

(Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: MHUTBUUUUUUT

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)	ved)
Addendum No. 1	Addendum No. 6
Addendum No. 2	Addendum No. 7
Addendum No. 3	Addendum No. 8
Addendum No. 4	Addendum No. 9
Addendum No. 5	Addendum No. 10
I further understand that any verbal represent discussion held between Vendor's represent the information issued in writing and added binding.	ipt of addenda may be cause for rejection of this bid. ntation made or assumed to be made during any oral tatives and any state personnel is not binding. Only to the specifications by an official addendum is
Products Unlimited	, chc.
Company	
Authorized Signature	
2/11/16	
Date	the hid to expedite
NOTE: This addendum acknowledgement document processing.	should be submitted with the bid to expedite