



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

State of West Virginia  
Request for Quotation  
26 - Medical

Proc Folder: 179921

Doc Description: (1) new Amsco 3085 SP surgical table or equal

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-08	2016-03-08 13:30:00	CRFQ 0506 WEH1600000016	1

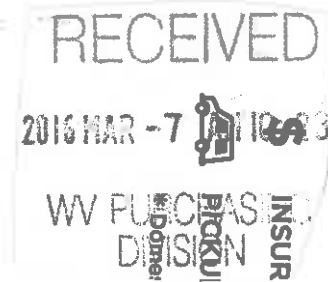
**BID RECEIVING LOCATION**

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

**VENDOR**

Vendor Name, Address and Telephone Number:

DRE Medical Group  
1800 Williamson Court  
Louisville, KY 40223  
Phone number: 502-489-9099



**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN #

DATE 2/29/16

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

**ADDITIONAL INFORMATION**

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHH Bureau for Behavioral Health and Health Facilities (BHFF), Welch Community Hospital to establish a contract for the one time purchase of or new Amsco 3085 SP Surgical Table or equal.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV24801 US		PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV 24801 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	new Amsco 3085 SP surgical or equal	1.00000	EA		

Comm Code	Manufacturer	Specification	Model #
42295112			

**Extended Description :**

3.1.1 Vendor must provide one (1) new Amsco 3085 SP surgical table or equal.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV24801 US		PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV 24801 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	In-house training/10 users	1.00000	EA		

Comm Code	Manufacturer	Specification	Model #
86101800			

**Extended Description :**

3.1.2 Vendor shall provide in-house training for usage and care of the equipment for up to 10 users within forty-five (45) calendar days after receiving a purchase order.

CRFQ 0506 WEH1600000016 Pricing Page

Amsco 3085 SP Surgical Table or equal

Description/Equipment/One Time Purchase	UNSPSC	Quantity	Cost Per Unit	Total Cost
3.1.1 Amsco 3085 SP surgical table or equal	42295112	1		14960
3.1.2 In-house training/10 users	86101800	1		1800
3.1.3 Warranty	81111818	1		0
3.1.4 Shipping \$ 450				450
Total Cost				16,700 + 450

**Evaluation and Award Criteria:** The Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages. \$17,150

DRE Medical Group  
Vendor Name (Printed)

1800 Williamson Court, Louisville, KY 40223  
Purchase Order Address

1800 Williamson Court, Louisville, KY 40223  
Vendor Remit-To Address:

Letetia Richardson  
Vendor Authorized Representative (Printed)  
Date

  
Signature

502 489 9099  
Telephone

866 373 7525  
Fax

lrichardson@dremed.com  
E-mail

**Prepared For:**  
 Customer Name: WV Purchasing Division

 Quote Number: 3163375  
 Quote Date: 02/29/2016 12:13pm

Account Manager:	Bill To	Ship To
<b>Letetia Richardson</b> 1800 Williamson Court Louisville, KY 40223 www.dremed.com  lrichardson@dremed.com Tel:502-489-9099 Fax: 866-373-7525	<b>WV Purchasing Division</b>  WV Purchasing Division 2019 Washington St E Charleston, WV, 25305 - USA	<b>WV Purchasing Division</b>  WV Purchasing Division Attn: April Battle 2019 Washington St E Charleston, WV, 25305 - USA

**Terms: 08 30 DAYS FROM INVOICE DATE**

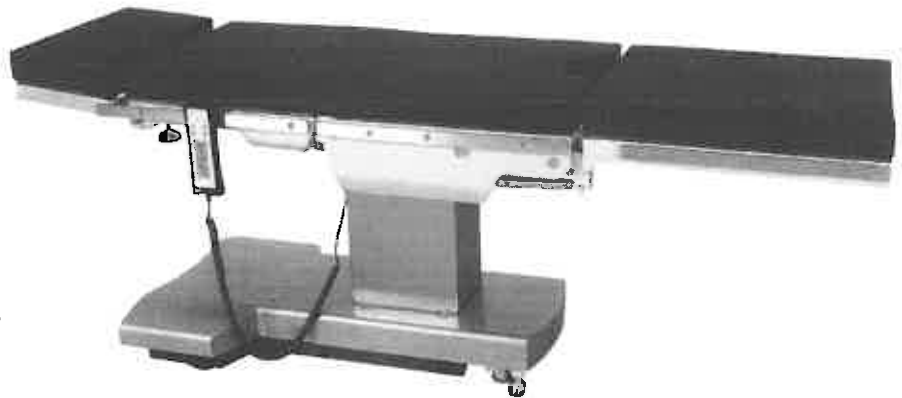
Part Number	Product	Quantity	Unit Price	Ext. Price
7ET700RS	DRE LUCERNE ES V10	1.00	\$14,900.00	\$14,900.00
	Features *electric-hydraulic control, . *column is adopted needle bearing, rising and falling more smooth. *Long distance sliding for 350mm, *the table is fit for X-raying photographing. *American standard Side Rail  Standard accessories: Anesthetic screen holder: 1 piece,Shoulder support: 1 pair,Body support:1pair, Arm support:1 pair Leg support:1 pair, Foot plate:1 pair, Fixing clamp:8 pieces, oilcan:1 piece A LL MADE WITH MEMORY PAD WARRANTY:ONE YEAR			
/89100	In-House Training/ 10 users	1.00	\$1,800.00	\$1,800.00
WC004	WARRANTY - TWELVE MONTH PARTS ONLY - DOES NOT COVER ACCESSORIES - LABOR CHARGE WILL APPLY	1.00	\$0.00	\$0.00
/65080	FREIGHT AND HANDLING FEE	1.00	\$450.00	\$450.00
			Group Subtotal:	\$17,150.00
<b>Comments:</b>			Tax:	Order Total
			<b>Total:</b>	\$0.00
				<b>\$17,150.00</b>

Quote Valid Until: **03/29/2016**

Versatile surgical table that provides stability and the positioning you need — including horizontal sliding

**Features:**

- Electro-hydraulic operation and a sleek design.
- Surface is made of 304 stainless steel.
- Safe and reliable with simple, convenient controls.
- Automatic base lock by remote control.
- One button repositioning — great for X-ray and C-arm use.
- Seamless integration into orthopedic environments.

**Specifications:**

- 770 lbs. / 350 kg. weight capacity
- 550 lbs. / 250 kg. articulated weight capacity
- Tabletop Length/Width: 1,970 mm, 500 mm (77.5 in, 19.7 in)
- Tabletop Elevation: High: 880 mm, Low: 600 mm (34.6 in, 23.6 in)
- Trendelenburg/ Reverse Trendelenburg: 30°
- Lateral tilt: 18°
- Head plate adjustment: Up: 90°, Down: 60°
- Leg plate adjustment: Up: 15°, Down: 90°, Outward: 90°
- Back plate adjustment: Up: 90°, Down: 45°
- Kidney bridge: 120 mm (4.7 in)
- Horizontal slide: 350 mm (13.8 in)



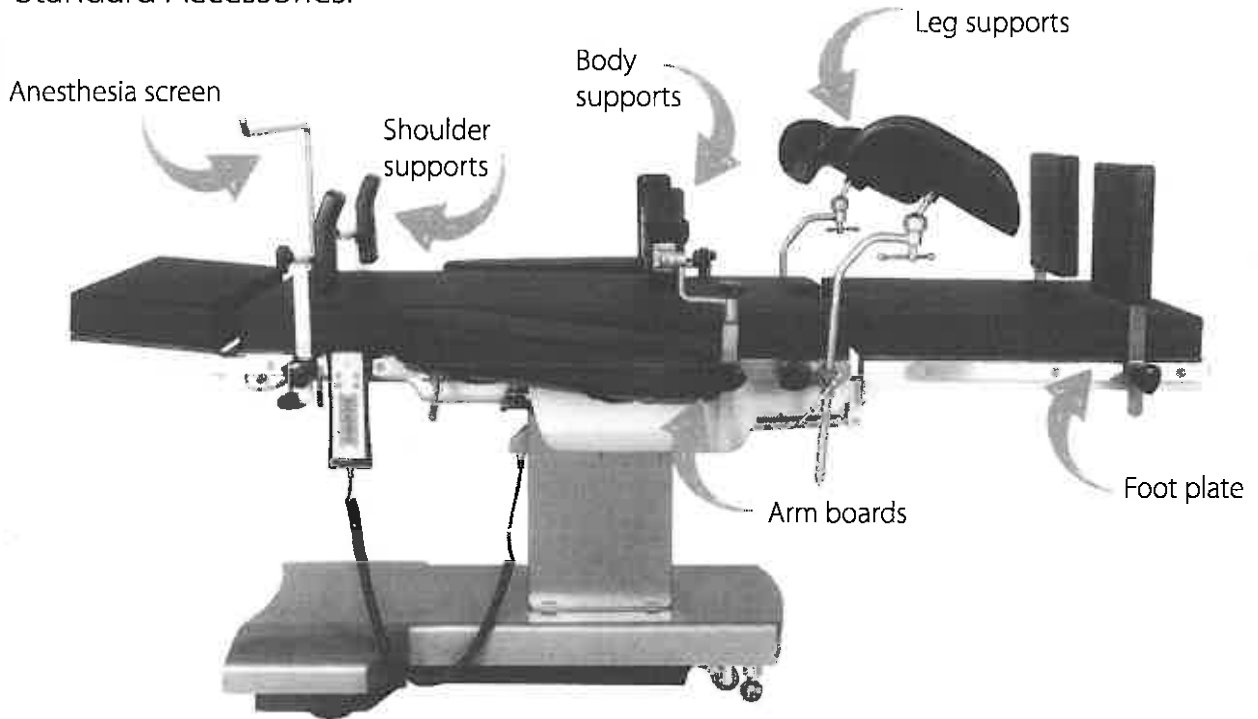
**DRE Lucerne ES**  
Operating Table

Equipment for the way *you* operate

Smooth patient positioning by remote control



Standard Accessories:



**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ WEH1600000016**

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 checked="" type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input checked="" type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input checked="" type="checkbox"/> Addendum No. 8  |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input checked="" type="checkbox"/> Addendum No. 9  |
| <input checked="" type="checkbox"/> Addendum No. 5 | <input checked="" 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.

DRE Medical Group  
Company

  
Authorized Signature

2/29/16  
Date

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



**CERTIFICATION AND 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.

DRE Medical Group

(Company)

 National Account Executive

(Authorized Signature) (Representative Name, Title)

(P) 502-~~409~~-9099 (F) 800 373 7525

(Phone Number) (Fax Number) (Date)

State of West Virginia  
**VENDOR PREFERENCE CERTIFICATE**

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
4.  **Application is made for 5% vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5.  **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6.  **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7.  **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

**Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.**

Bidder: DRE Medical Group; Letetia Richardson Signed: [Signature]

Date: 2/29/16 Title: National Account Executive

# 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: DRE Medical  
Authorized Signature: [Signature] Date: 3-2-2016

State of Kentucky  
County of Jefferson, to-wit:

Taken, subscribed, and sworn to before me this 2 day of March, 2016  
My Commission expires May 29<sup>th</sup>, 2019

**AFFIX SEAL HERE**

NOTARY PUBLIC [Signature]  
*Purchasing Affidavit (Revised 08/01/2015)*