

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

State of West Virginia Request for Quotation 33 — Service - Misc

Proc Folder: 40369

Doc Description: Addendum #1: Open End Legal Process Service Contract

Proc Type: Central Master Agreement

 Date Issued
 Solicitation Closes
 Solicitation No
 Version

 2015-08-20
 2015-08-26
 CRFQ
 0511 CSE1500000003
 2

 13:30:00
 2

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

VERBURIE

Vendor Name, Address and Telephone Number:

Prioten + Associates, 26c P.O. Box 794 Hunniaans, WV 25526 304-562-7145

W Purchasina

FOR INFORMATION CO	NTACT THE BUYER
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Robert Kilpatrick (304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X Loward Strains

FEIN# 45-0486390

DATE 8/25/15

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

FISCAL UNIT MANAGER 304-356-4715
HEALTH AND HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT

HEALTH AND HUMAN RESOURCES BCSE - BROOKE COUNTY OFFICE 100 MUNICIPAL PLAZA, STE 600

FISCAL UNIT MANAGER 304-356-4715

350 CAPITOL ST, RM 147

WEIRTON

WV 26062

CHARLESTON

US

WV25301-3703

US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Process Service for Region 1 Brooke Co. Wierton Office	68.00000	EA	= 110.00	77480.00

Comm Code	Manufacturer	Specification	Model #
80121904			

Extended Description:

Process Service for Region 1 Brooke County Wierton Office

FISCAL UNIT MANAGER 304-356-4715
HEALTH AND HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT
350 CAPITOL ST, RM 147

CHARLESTON

WV25301-3703

HEALTH AND HUMAN RESOURCES
BCSE - HANCOCK COUNTY OFFICE
100 MUNICIPAL PLAZA, STE 600

WEIRTON

WV 26062

US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Process Service for Region 1 Hancock Co. Weirton Office	130.00000	EA	=110.00	= 14 300.00

Comm Code	Manufacturer	Specification	Model #	
80121904	-			

Extended Description:

Process Service for Region 1 Hancock County. Weirton Office

INVOICE TO		584770	THE REPORT OF THE PARTY OF THE	
FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT		HEALTH AND HUMAN RE	FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES BCSE - MARSHALL COUNTY OFFICE	
350 CAPITOL ST, RM 147		400 TELETECH DR, STE 2		
CHARLESTON	.WV25301-3703	MOUNDSVILLE	WV 26041	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Process Service for Region 1 Marshall Co. Moundsville Office	689.00000	EA		1000
L	Maiorial Co. Modificaville Office				

Comm Code	Manufacturer	Specification	Model #	
80121904				

Extended Description:

Process Service for Region 1 Marshall Co. Moundsville Office

INVOICE TO		SHIPTO	Samuel Associated and Samuel	
FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT		HEALTH AND HUMAN RESC	FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES BCSE - OHIO COUNTY OFFICE	
350 CAPITOL ST, RM 143	•	69 16TH ST		
CHARLESTON	WV25301-3703	WHEELING	WV 26003	
us		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Process Service for Region 1 Ohio Co. Wheeling Office	275.00000	EA	# 110.00	# 20
				.10.00	20,230.00

Comm Code	Manufacturer	Specification	Model #	
80121904				

Extended Description:

Process Service for Region 1 Ohio Co. Wheeling Office

INVOICE 70	STATE OF THE PARTY	USHW TO	AND STREET, SALES OF STREET
FISCAL UNIT MANAGER 30 HEALTH AND HUMAN RES CHILD SUPPORT ENFORC 350 CAPITOL ST, RM 147	OURCES	FISCAL UNIT MANAGER 30 HEALTH AND HUMAN RES BCSE - TYLER COUNTY OF	OURCES
CHARLESTON US	WV25301-3703	MIDDLEBOURNE	WV 26149

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Process Service: Region 1 Tyler Co. New Martinsville Office	129.00000	EA		10000

Comm Code	Manufacturer	Specification	Model #
80121904			INOCOL W
			

Extended Description:

Process Service for Region 1 Tyler Co. New Martinsville Office

CERTIFICATIONAND 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.

(Company)

Authorized Signature) (Representative Name, Title)

304-562-7145 8/25/15

(Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CSE1500000003

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)								
1	۱]	Addendum No. 1	[J	Addendum No. 6			
[]	Addendum No. 2	[}	Addendum No. 7			
[]	Addendum No. 3	1]	Addendum No. 8			
Ĺ]	Addendum No. 4	1	1	Addendum No. 9			
1]	Addendum No. 5	ĺ]	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.								
			7	900	Company			
).	Authorized Signature			
				·	8/2-5/15 Date			

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

CENTRALIZED REQUEST FOR QUOTATION Supplemental Process Service CRFQ 0511 CSE1500000003

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: Howard Painter
Telephone Number: 304-562-7145
Fax Number: 304-562-7145
Email Address: Retired Mun wanden Osudden link, NET

STATE OF WEST VIRGINIA Purchasing Division

RFQ NO. <u>CSE1500000003</u>

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 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 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' 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 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 WITNESS THE FOLLOWING SIGNATURE.

THE TOLLOWING SIGNATURE:
Vendor's Name: Paintan + Association LLC
Authorized Signature: Date: 8/25/15
State of WEST VIREINIA
County of Puils AM, to-wit:
Taken, subscribed, and sworn to before me this a day of August 2015.
My Commission expires 2015.
AFFIX SEAL HERE NOTARY PUBLIC TURA SEAL HERE
OFFICIAL SEAL Purchasing Affidavit (Revised 08/01/2015)

NOTARY PUBLIC RETHA A LEMON ROUTE 3 BOX 3 HURRICANE, WY 238

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