



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: 408704

Doc Description: Fluoride Mouthrinse Supplies

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2018-01-25 | 2018-02-08 13:30:00 | CRFQ 0506 MCH1800000004 | 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:
 PLAR SMACKER (800) 558-6684
 2200 WENDT ST.
 Algonquin, IL 60102

02/05/18 14:49:42
 WV Purchasing Division

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN #

DATE

1/29/18

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 (WVDHHR), Bureau for Public Health, Office of Maternal Child and Family Health to establish an open-end contract for fluoride mouthrinse supplies.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|-----------|------------|------------|-------------|
| 1 | Complete Fluoride Program Kit - Grape | 100.00000 | KIT | \$125.00 | \$12,500.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42151905 | | | |

Extended Description :

Complete Fluoride Program Kit - Grape

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|-----------|------------|------------|-------------|
| 2 | Complete Fluoride Program Kit - Bubble Gum | 100.00000 | KIT | \$125.00 | \$12,500.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42151905 | | | |

Extended Description :

Complete Fluoride Program Kit - Bubble Gum

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|----------|------------|------------|-------------|
| 3 | Fluoride Powder Packets - 3g - Grape 50 per case | 10.00000 | CASE | \$30.00 | \$300.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 50501603 | | | |

Extended Description :

Fluoride Powder Packets - 3g - Grape 50 per case

| INVOICE TO | SHIP TO |
|--|---|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|----------|------------|------------|-------------|
| 4 | Fluoride Powder Packets - 3g - Bubble Gum 50 per case | 10.00000 | CASE | \$30.00 | \$300.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 50501603 | | | |

Extended Description :

Fluoride Powder Packets - 3g - Bubble Gum 50 per case

| INVOICE TO | SHIP TO |
|--|---|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 5 | Polyethylene Food-Grade Containers with Childproof Caps | 2.00000 | EA | \$11.00 | \$22.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42152500 | | | |

Extended Description :

Polyethylene Food-Grade Containers with Childproof Caps

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|---------|------------|------------|-------------|
| 6 | Dispenser Pump with Stainless Steel Fitments for 10ml | 2.00000 | EA | \$11.00 | \$22.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42152500 | | | |

Extended Description :
Dispenser Pump with Stainless Steel Fitments for 10ml

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------------------------------|---------|------------|------------|-------------|
| 7 | Plastic Cups - 3 oz. - 2400 per case | 1.00000 | CASE | \$75.00 | \$75.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42152500 | | | |

Extended Description :
Plastic Cups - 3 oz. - 2400 per case

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|---------|------------|------------|-------------|
| 8 | 1-ply Junior Low-Fold Dispenser Napkins - 8000 per case | 1.00000 | CASE | \$90.00 | \$90.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42152500 | | | |

Extended Description :
 1-ply Junior Low-Fold Dispenser Napkins - 8000 per case

| INVOICE TO | SHIP TO |
|--|---|
| PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - PUBLIC HEALTH DENTISTRY 350 CAPITOL ST, RM 319 CHARLESTON WV25301-3715 US | PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT ST CHARLESTON WV 25301 US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 9 | Clear Poly Trash Bags and Ties - 100 per case | 1.00000 | CASE | \$15.00 | \$15.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 42152500 | | | |

Extended Description :
 Clear Poly Trash Bags and Ties - 100 per case

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|---------------|------------|
| 1 | Questions Due | 2018-01-31 |

| | | | |
|--------------|--------------------------------|---|-----------------------|
| MCH180000004 | Document Phase Final | Document Description Fluoride Mouthrinse Supplies | Page 6 of 6 |
|--------------|--------------------------------|---|-----------------------|

ADDITIONAL TERMS AND CONDITIONS

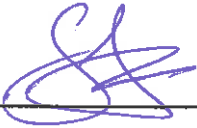
See attached document(s) for additional Terms and Conditions

**Exhibit A – Pricing Page
CRFQ 0506 MCH1800000004**

| DELIVERABLES | COST | | |
|--|-----------|----------|-------------|
| | Unit Cost | Qty | Total Cost |
| <u>Deliverable 1</u> – Complete Fluoride Program Kit - grape | \$125.00 | 100 | \$12,500.00 |
| <u>Deliverable 2</u> – Complete Fluoride Program Kit – bubble gum | \$125.00 | 100 | \$12,500.00 |
| <u>Deliverable 3</u> – Fluoride Powder Packets – 3g – Grape 50 per case | \$30.00 | 10 cases | \$300.00 |
| <u>Deliverable 4</u> – Fluoride Powder Packets – 3g – Bubble Gum 50 per case | \$30.00 | 10 cases | \$300.00 |
| <u>Deliverable 5</u> – Polyethylene Food-Grade Containers with Childproof Caps | \$11.00 | 2 each | \$22.00 |
| <u>Deliverable 6</u> – Dispenser Pump with Stainless Steel Fitments for 10ml | \$11.00 | 2 each | \$22.00 |
| <u>Deliverable 7</u> – Plastic Cups – 3oz – 2400 per case | \$75.00 | 1 case | \$75.00 |
| <u>Deliverable 8</u> – 1-ply junior low-fold dispenser napkins – 8000 per case | \$90.00 | 1 case | \$90.00 |

| | | | |
|---|---------|--------|-------------|
| Deliverable 9 – Clear poly trash bags with ties – 100 per case | \$15.00 | 1 case | \$15.00 |
| GRAND TOTAL COST: | | | \$25,824.00 |

Please provide a Per Unit Cost and Total Cost per Deliverable, and a Grand Total Cost. The contract will be awarded to the Vendor that provides the Deliverables meeting the required specifications for the lowest overall Grand Total Cost.

| | | |
|---|---|----------------------|
| Vendor Name: | PLAK SMACKER | |
| Physical Address: | 2260 Wendt Street Algonquin, IL 60102 | |
| Remit to Address: | 25782 Network Place Chicago, IL 60673 | |
| Telephone: | 800-558-6684 | |
| Fax: | 866-894-1981 | |
| Email: | SLEECE@YDNT.COM | |
| Authorized Vendor Representative (print name): | Scott Leece | |
| Signature: |  | Date: 1/29/18 |

REQUEST FOR QUOTATION
CRFQ 0506 MCH1800000004
Fluoride Mouthrinse Supplies

7.2.3 Any other remedies available in law or equity.

8. MISCELLANEOUS:

- 8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 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: SCOTT LEECE
Telephone Number: 800.558.6684
Fax Number: 866.894.1781
Email Address: sleece@ydnf.com

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL OTHER CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: PLAK SMACKER

Authorized Signature: [Signature] Date: 1/29/18

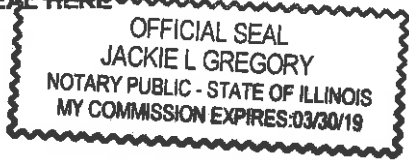
State of Illinois

County of McHenry, to-wit:

Taken, subscribed, and sworn to before me this 29th day of January, 2018.

My Commission expires 03/30/19, 20 .

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]
Purchasing Affidavit (Revised 07/07/2017)

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;
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; 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 that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's 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) rescind the contract or purchase order; 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.

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: Plak Smacker

Signed: 

Date: 1/29/18

Title: Vice President

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

"Interested party" or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Contracting Business Entity: PLAX SNACKER Address: 2260 Wendt St

Algonquin, IL 60102

Authorized Agent: Scott Leece Address: Same as above

Contract Number: CRFQ0506MCH1800000004 Contract Description: Flouride Mouthrinse Supplies

Governmental agency awarding contract: _____

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: [Signature]

Date Signed: 1/29/18

Notary Verification

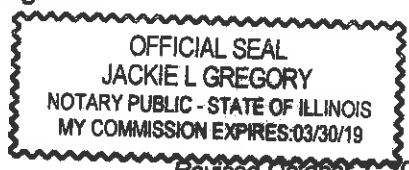
State of Illinois, County of McHenry:

I, SCOTT LEECE, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 29th day of January, 2018.

[Signature]
Notary Public's Signature


To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____



DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

SCOTT LEEZE VICE PRESIDENT
(Name, Title)
PLAK SMACKER
(Printed Name and Title)
2260 WENDY STREET ALGONQUIN, IL 60102
(Address)
800.558.6684 / 866.394.1981
(Phone Number) / (Fax Number)
slleeze@plak-smacker.com
(email address)

CERTIFICATION AND SIGNATURE: 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.

PLAK SMACKER
(Company)
 Vice President
(Authorized Signature) (Representative Name, Title)
Scott Leeze Vice President
(Printed Name and Title of Authorized Representative)
1/29/18
(Date)
(800) 558-6684 / (800)-894-1981
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0506 MCH180000004

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.

PLAK SMACKER
Company


Authorized Signature

1/29/18
Date

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