



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.

## Header 1

List View


General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 699304

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0323

Vendor ID: VS0000009101 

SO Doc ID: WWV200000014

Legal Name: MEGA PROTECT SERVICES LLC

Published Date: 3/27/20

Alias/DBA:

Close Date: 4/9/20



Total Bid: \$87.00

Close Time: 13:30

Response Date: 04/09/2020 

Status: Closed

Response Time: 13:17

Solicitation Description: Addendum 3 -- Drug Screening/Testing   


Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 699304  
**Solicitation Description :** Addendum 3 --- Drug Screening/Testing  
**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-04-09 13:30:00	SR 0323 ESR04092000000005859	1

<b>VENDOR</b>
VS0000009101 MEGA PROTECT SERVICES LLC

**Solicitation Number:** CRFQ 0323 WWV2000000014

**Total Bid :** \$87.00      **Response Date:** 2020-04-09      **Response Time:** 13:17:29

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Dusty J Smith  
 (304) 558-2063  
 dusty.j.smith@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Drug Screening/Testing per specifications attached herein	1.00000	EA	\$87.000000	\$87.00

Comm Code	Manufacturer	Specification	Model #
85121810			

<b>Extended Description :</b>	Drug Screening/Testing per specifications attached herein
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**ADDITIONAL INFORMATION:**

**OPEN END**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY,WORKFORCE WEST VIRGINIA, IS SOLICITING BIDS FOR THE OPEN-END CONTRACT OF DRUG SCREENING AND TESTING PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO DUSTY.J.SMITH@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS.

\*\*\*\*PLEASE NOTE THAT PAGES (PAGES THAT NEED SIGNED AND RETURNED SUCH AS 22,23,32,45,46) OF THE SOLICITATION SHOULD BE SIGNED AND SUBMITTED WITH THE BID.\*\*\*\*

\*\*\*\*\*MANDATORY PRE-BID\*\*\*\*\*

TUESDAY MARCH 17TH, 2020 1:30PM

WORKFORCE WEST VIRGINIA  
1321 PLAZA EAST CONFERENCE ROOM A  
CHARLESTON WV 25301

INVOICE TO		SHIP TO	
FISCAL AND ADMINISTRATIVE MANAGEMENT - 5301 WORKFORCE WEST VIRGINIA 1900 KANAWHA BLVD, EAST BLDG 3, 3RD FLOOR, SUITE 300 CHARLESTON WV25305 US		OFFICE OF ADMIN SUPPORT - 5302 WORKFORCE WEST VIRGINIA 1900 KANAWHA BLVD, EAST BLDG 3, 3RD FLOOR, SUITE 300 CHARLESTON WV 25305 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Drug Screening/Testing per specifications attached herein	1.00000	EA	87.00	87.00

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

Drug Screening/Testing per specifications attached herein


**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	MANDATORY PRE-BID 1:30PM	2020-03-17
2	TECHNICAL QUESTIONS DUE AT 11:00AM	2020-03-19

**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.

Goke Olatunji / Program Manager  
\_\_\_\_\_  
(Name, Title)  
Goke Olatunji / Program Manager 1321  
\_\_\_\_\_  
(Printed Name and Title)  
Evans Ave, San Francisco, CA 94124  
\_\_\_\_\_  
(Address)  
571.466.8455 / 703/986/3139  
\_\_\_\_\_  
(Phone Number) / (Fax Number)  
goke@megalabservices.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.

Mega Lab Services  
\_\_\_\_\_  
(Company)  
 Goke Olatunji / Program Manager  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)

\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

4.9.2020  
\_\_\_\_\_  
(Date)

866.261.7139 / 703.986.3139  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.:**

**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 checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" 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.

MEGA LAB SERVICES

\_\_\_\_\_  
Company



\_\_\_\_\_  
Authorized Signature

4.9.2020

\_\_\_\_\_  
Date

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

REQUEST FOR QUOTATION  
Drug Screening/Testing Services

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**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:** Goke Olatunji  
**Telephone Number:** 571.466.8455  
**Fax Number:** 703.986.3139  
**Email Address:** goke@megalabservices.com



**Exhibit A-Pricing Page for Drug Screening Services**

Description	Unit of Measure	Unit Cost	Estimated Number of Test	Extended Cost
Drug Screening/Testing	Each	\$87.00	1000	\$87,000.00
Total Bid Amount				\$87,000.00

Estimated quantity is for bidding purposes only

## WorkForce West Virginia Field Operations Division

[www.workforcewv.org](http://www.workforcewv.org)

Office	Physical Address	Vendor Testing Location	Operation Opening Time	Operation Closing Time
Beckley	200 New River Town Center, Suite 300 Beckley, 25801-3709	MedExpress, 1709 Harper Road, Beckley, WV 25801	8am	8pm
Charleston	1321 Plaza East, Suite 118 Charleston 25301-1400	MedExpress Kanawha City, 5430 MacCorkle Ave SE, Charleston, WV 25304	8am	8pm
Clarksburg	153 W Main St, Suite B Clarksburg, 26301	MedExpress Clarksburg, 101 Emily Drive, Clarksburg, WV 26301	8am	8pm
Elkins	1023 North Randolph Avenue Elkins, 26241-4610	MedExpress Elkins, 613 Randolph Ave, Elkins, WV 26241	8am	8pm
Fairmont	416 Adams Street, Ste 220 Fairmont, 26554-3174	MedExpress Fairmont, 630 Fairmont Avenue, Fairmont, WV 26554	8am	8pm
Greenbrier Valley	330 Red Oaks Shopping Ctr., Suite 1 Fairlea, 24902	MedExpress Lewisburg, 1318 Jefferson Street North Suite A, Lewisburg, WV 24	8am	8pm
Huntington	2699 Park Ave., Ste. 240 Huntington, 25704-2057	Health Research Systems-Huntington, 821 6th Ave, Huntington, WV 25701	8am	5pm
Logan	130 Stratton Street Logan, 25601-3626	MedExpress Logan, 123 Enterprise Drive, Logan, WV 25601	8am	8pm
Martinsburg	200 Viking Way Martinsburg, 25401	Med Express Martinsburg, 83 Retail Commons Pkwy, Martinsburg, WV 25403	8am	8pm
Mercer County	195 Davis St., Ste. 102 Princeton, 24740-7416	Med Express Princeton, 277 Greasy Ridge Rd, Princeton, WV 24740	8am	8pm
Morgantown	304 Scott Ave. Morgantown, 26508-8804	MedExpress Morgantown, 215 Don Knotts Blvd, Morgantown, WV 26501	8am	8pm
Parkersburg	300 Lakeview Center Parkersburg, 26101-1050	MedExpress Vienna, 1500 Grand Central Ave Ste, Vienna, WV 26105	8am	8pm
Putnam	3554 Teays Valley Road Suite 117 Hurricane, 25526-8711	MedExpress Teays Valley, 563 State Route, Hurricane, WV 25526	8am	8pm
South Branch	151 Robert C. Byrd Indus Pk Rd. Suite 1 Moorefield, 26836-8936	EZCare Moorefield, 747 N Main St Ste C, Moorefield, WV 26836	9am	5pm
Summersville	830 Northside Dr., Ste 123 Summersville, 26651-2032	MedExpress Summersville, 5870 Webster Rd, Summersville, WV 26651	8am	8pm
Weirton	100 Municipal Plaza, Ste. 300 Weirton, 26062-4573	MedExpress Wierton, 218 3 Springs Drive, Weirton, WV 26062	8am	8pm
Welch	110 Park Ave. Ste 100 Welch, 24801-2557	On-Site In-Home Drug Testing, 351 Prosperity Rd, Beckley, WV 25801	9am	5pm
Wheeling	1275 Warwood Ave. Wheeling, 26003-7129	MedExpress Wheeling, 620 National Road Ste, Wheeling, WV 26003	8am	8pm



/ Program Manager / 4.9.2020

Signature/Title/Date

Please Sign confirmation that the Testing collection site is within 20 miles of WFWV local offices as listed above and show the hours operation is 8am-5pm

## 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 \$1 million 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, but does not include publicly traded companies listed on a national or international stock exchange.

*"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](mailto:ethics@wv.gov); website: [www.ethics.wv.gov](http://www.ethics.wv.gov).*

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(f), 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 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: Mega Lab Services

Authorized Signature: [Signature] Date: 4/9/2020

State of California

County of Alameda to-wit:

Taken, subscribed, and sworn to before me this 9th day of April, 2020

My Commission expires August 19, 2022

A notary public or other officer competent to administer oaths and certify the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**AFFIX SEAL HERE**

**NOTARY PUBLIC**

[Signature]

STATE OF CALIFORNIA COUNTY OF Alameda  
Subscribed and sworn to (or affirmed) before me on this 9 day of April, 2020 by Okigoke Olatunji  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]  
(Signature of Notary)

**West Virginia Ethics Commission**  
**Disclosure of Interested Parties to Contracts**  
(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Mega Lab Services Address: 1950 Opitz Blvd  
Woodbridge, VA 22191

Name of Authorized Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Contract Number: WWV200000014 Contract Description: Drug Testing

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.

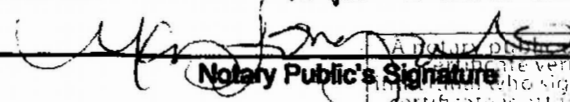
Signature:  Date Signed: 4/9/2020

**Notary Verification**

State of California, County of Alameda:

I, GOKE OLATUNJI, 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 9th day of April, 2020

  
Notary Public's Signature

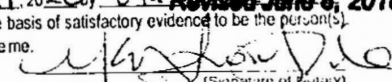
A Notary Public or other officer of this State who signs the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_

STATE OF CALIFORNIA COUNTY OF Alameda  
Subscribed and sworn to (or affirmed) before me on this 9th day of April, 2020 by GOKE OLATUNJI who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.   
(Signature of Notary)

