



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

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 565850

Procurement Type: Central Master Agreement

Vendor ID: 000000100561

Legal Name: SOUTHWESTERN APPRAISAL CO

Alias/DBA: WINGATE & WINGATE

Total Bid: \$1,775,000.00

Response Date: 10/15/2019

Response Time: 11:33

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: BMS200000001

Published Date: 10/9/19

Close Date: 10/15/19

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum No. 1 - Health Facility
Appraisal Services (HFAS)

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 : 565850

Solicitation Description : Addendum No. 1 - Health Facility Appraisal Services (HFAS)

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-10-15 13:30:00	SR 0511 ESR10151900000002400	1

VENDOR
000000100561 SOUTHWESTERN APPRAISAL CO WINGATE & WINGATE

Solicitation Number: CRFQ 0511 BMS2000000001

Total Bid : \$1,775,000.00 **Response Date:** 2019-10-15 **Response Time:** 11:33:14

Comments:

FOR INFORMATION CONTACT THE BUYER
 Tara Lyle
 (304) 558-2544
 tara.l.lyle@wv.gov

Signature on File	FEIN #	DATE
--------------------------	---------------	-------------

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	Base Yr 1-Initial Appraisal Valuation each LTCF&ICF	5.00000	EA	\$3,400.000000	\$17,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One Initial Complete Appraisal Valuation of each Long-Term Care and Intermediate Care Facilities, Section 4.1.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	OptRenewYr1-Initial Appraisal Valuation each LTCF&ICF	5.00000	EA	\$3,400.000000	\$17,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year One (1) Complete Appraisal Valuation of each existing Long Term Care Facility (LTCF) and Intermediate Care Facility (ICF), Section 4.1.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	OptRenewYr2-Initial Appraisal Valuation each LTCF&ICF	5.00000	EA	\$3,400.000000	\$17,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Two (2) Complete Appraisal Valuation of each existing Long Term Care Facility (LTCF) and Intermediate Care Facility (ICF), Section 4.1.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	OptRenewYr3-Initial Appraisal Valuation each LTCF&ICF	5.00000	EA	\$3,400.000000	\$17,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Three (3) Complete Appraisal Valuation of each existing Long Term Care Facility (LTCF) and Intermediate Care Facility (ICF), Section 4.1.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	BaseYr1-Annual Update-Appraisal Valuation for each facility	185.00000	EA	\$2,210.000000	\$408,850.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One (1) Annual Update of Appraisal Valuation for each facility, Section 4.1.2.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	OptRenewYr1-Annual Update-Appraisal Valuation-each	185.00000	EA	\$2,270.000000	\$419,950.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year One (1) Annual Update of Appraisal Valuation for each facility, Section 4.1.2.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	OptRenewYr2-Annual Update-Appraisal Valuation-each	185.00000	EA	\$2,330.000000	\$431,050.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Two (2) Annual Update of Appraisal Valuation for each facility, Section 4.1.2.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	OptRenewYr3-Annual Update-Appraisal Valuation-each	185.00000	EA	\$2,390.000000	\$442,150.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Three (3) Annual Update of Appraisal Valuation for each facility, Section 4.1.2.1 and 4.1.2.2, per unit cost.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Base Year One (1) Ad Hoc Reporting	10.00000	HOUR	\$100.000000	\$1,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base year One (1) Ad Hoc Reporting, Section 4.1.2.4, all inclusive hourly rate for design, development, and production of ad hoc reports, Section 4.1.2.4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Renewal Year One (1) Ad Hoc Reporting	10.00000	HOUR	\$100.000000	\$1,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year One (1) Ad Hoc Reporting, Section 4.1.2.4, all inclusive hourly rate for design, development, and production of ad hoc reports, Section 4.1.2.4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Optional Renewal Year Two (2) Ad Hoc Reporting	10.00000	HOUR	\$100.000000	\$1,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Two (2) Ad Hoc Reporting, Section 4.1.2.4, all inclusive hourly rate for design, development, and production of ad hoc reports, Section 4.1.2.4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Optional Renewal Year Three (3) Ad Hoc Reporting	10.00000	HOUR	\$100.000000	\$1,000.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Optional Renewal Year Two (2) Ad Hoc Reporting, Section 4.1.2.4, all inclusive hourly rate for design, development, and production of ad hoc reports, Section 4.1.2.4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Base Year One-Expert Witness, Hourly Rate	2.50000	HOUR	\$100.000000	\$250.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One (1) All inclusive hourly rate for expert witness appearance in the event of an appeal, Section 4.1.2.5. All travel and expenses included in hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Optional Renewal Year One-Expert Witness, Hourly Rate	2.50000	HOUR	\$100.000000	\$250.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One (1) All inclusive hourly rate for expert witness appearance in the event of an appeal, Section 4.1.2.5. All travel and expenses included in hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Optional Renewal Year Two-Expert Witness, Hourly Rate	2.50000	HOUR	\$100.000000	\$250.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One (1) All inclusive hourly rate for expert witness appearance in the event of an appeal, Section 4.1.2.5. All travel and expenses included in hourly rate.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Optional Renewal Year Three-Expert Witness, Hourly Rate	2.50000	HOUR	\$100.000000	\$250.00

Comm Code	Manufacturer	Specification	Model #
80131802			

Extended Description : Base Year One (1) All inclusive hourly rate for expert witness appearance in the event of an appeal, Section 4.1.2.5. All travel and expenses included in hourly rate.

Southwestern Appraisal Company

5111 Melrose Ave NW
Roanoke, Virginia 24017
Phone: 540-986-0472
Fax: 540-986-0927
E-Mail:
swappraisal@aol.com

HEALTH
FACILITY
APPRAISAL
SERVICES



Blackwater Falls

October 14, 2019

CRFQ0511 BMS2000000001

SOUTHWESTERN APPRAISAL COMPANY

5111 MELROSE AVENUE, N.W. • ROANOKE, VIRGINIA 24017 • (540) 986-0472 • FAX: (540) 986-0927

October 14, 2019

WV Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Dear Ms. Lyle:

Re: Health Facility Appraisals
Bureau for Medical Services
CRFQ0511 BMS200000001

Pursuant to the "CRFQ0511", to provide Health Facility Appraisal Services necessary for the Medicaid Program's long-term care facility reimbursement system, we are pleased to submit the following:

Southwestern Appraisal Company assisted in the development of the existing Appraisal Program, in cooperation with the WV Department of Transportation between 1977 and 1979. Since that date we have made the initial complete appraisal valuations and conducted the annual update of all licensed LTCF/ICF/IID facilities, including the 2019 Updates.

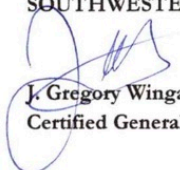
I hereby certify that this Quotation meets all specifications set forth within the CRFQ, and was developed without collusion or any other consideration contingent upon, or resulting from, an award of the contract.

Please find attached hereto and made a part of this quotation, a current copy of Certified General Real Estate Appraiser License for J. Gregory Wingate. The location and base of operations for the staff working on this contract will remain the same as in the previous years at 5111 Melrose Avenue, Roanoke, VA, 24017.

Thank you for allowing us this opportunity to submit this Quotation. If I can provide additional information, or if there are any questions or comments regarding this Quotation, please feel free to contact me at any time.

Respectfully submitted,

SOUTHWESTERN APPRAISAL COMPANY


J. Gregory Wingate, ASA
Certified General Appraiser, #155

JGW/kgw
Attachments

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General Terms And Conditions

Southwestern Appraisal Company hereby shall agree to all terms, conditions, and specifications contained in the CRFQ 0511 BMS2000000001, Appendix A (Nursing Home Facilities), B (ICF/IID Facilities) and C (SLAs), Attachment 1 (Provisions Required for Federally Funded Procurements), Addendum Number 1 and the HIPAA Business Associate Addendum.

Southwestern Appraisal Company is registered as a vendor and certified as a Small Business under §5A-3-59 small, women and minority-owned businesses in WV OASIS.

Southwestern Appraisal Company has worked with the Bureau for Medical Services for over 40 years. Greg Wingate has personally inspected and appraised all of the 185 facilities in this reimbursement project and has gained extensive knowledge of each facility including its history, ownerships and physical details of each facility. He has personally witnessed the positive outcomes for the resident's living conditions from this unique program. He offers his expertise in maintaining a successful and efficient SAV program and will commit to continuing an excellent work relationship with the Bureau for Medical Services. As in years past, he will continue to answer questions and discuss aspects of the SAV program for the Bureau for Medical Services as well as assist in explaining the SAV program to the Health Care Facilities.

COMMERCIAL GENERAL LIABILITY INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HAWK ADVISERS INC 14732897 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265		CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:	
INSURED WINGATE & WINGATE LLC 5111 MELROSE AVE NW ROANOKE VA 24017-2341		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Sentinel Insurance Company Ltd.	NAIC# 11000
		INSURER B: Property and Casualty Insurance Company of Hartford	34690
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		14 SBA BL9996	05/21/2019	05/21/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	14 WEC CT3095	05/21/2019	05/21/2020	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE -EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	EMPLOYMENT PRACTICES LIABILITY			14 SBA BL9996	05/21/2019	05/21/2020	Each Claim Limit \$10,000 Aggregate Limit \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER State of West Virginia 2019 WASHINGTON ST E CHARLESTON WV 25305-2214	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Susan S. Castaneda</i>
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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PROFESSIONAL/MALPRACTICE/ERRORS AND OMISSION INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER OREP-Organization of Real Estate Professionals Insurance Services, LLC 6760 University Ave. #250 San Diego, CA 92115	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: David Brauner</td> </tr> <tr> <td>PHONE (A/C, No. Ext): 888.347.5273</td> <td>FAX (A/C, No.): 708.570.5786</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: info@orep.org</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID #:</td> </tr> </table>	CONTACT NAME: David Brauner		PHONE (A/C, No. Ext): 888.347.5273	FAX (A/C, No.): 708.570.5786	E-MAIL ADDRESS: info@orep.org		PRODUCER CUSTOMER ID #:							
CONTACT NAME: David Brauner															
PHONE (A/C, No. Ext): 888.347.5273	FAX (A/C, No.): 708.570.5786														
E-MAIL ADDRESS: info@orep.org															
PRODUCER CUSTOMER ID #:															
INSURED Southwestern Appraisal Company/ Wingate & Wingate, LLC t/a 5111 Melrose Avenue Roanoke, VA 24017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lexington Insurance Company	19437	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Lexington Insurance Company	19437														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

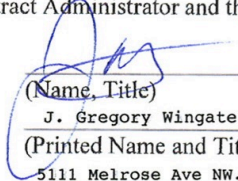
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below.		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
A	Errors and Omissions	X		018392640-07	03/25/2019	03/25/2020	Per Claim \$1,000,000 Aggregate \$1,000,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Real Estate Appraisal Services

CERTIFICATE HOLDER State of West Virginia 2019 Washington ST E PO Box 50130 Charleston, WV 25305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE David Brauner
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DESIGNATED CONTACT, CERTIFICATION & SIGNATURE

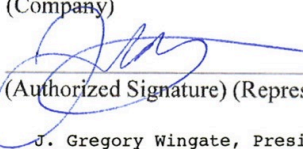
DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

 PRESIDENT

(Name, Title) _____
 J. Gregory Wingate, President
 (Printed Name and Title) _____
 5111 Melrose Ave NW, Roanoke, VA 24017
 (Address) _____
 540-986-0472/540-986-0927
 (Phone Number) / (Fax Number) _____
 swappraisal@aol.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.

Southwestern Appraisal Company (Wingate & Wingate, LLC)
 (Company) _____

 PRESIDENT

(Authorized Signature) (Representative Name, Title) _____
 J. Gregory Wingate, President
 (Printed Name and Title of Authorized Representative) _____

10/09/19
 (Date) _____

540-986-0472/540-986-0927
 (Phone Number) (Fax Number) _____

PURCHASING AFFIDAVIT

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(j), 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: Southwestern Appraisal Company (Wingate & Wingate, LLC)

Authorized Signature: [Signature] Date: 10/09/19

State of VIRGINIA

County of ROANOKE, to-wit:

Taken, subscribed, and sworn to before me this 9 day of October, 2019

My Commission expires January 31, 2019



NOTARY PUBLIC [Signature]

APPENDIX A

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Southwestern Appraisal Company
West Virginia Department of Health and Human
Resources Bureau for Medical Services

Name of Agency: _____

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All (types of PHI listed on App. A) in paper, electronic, verbal or any other form. Including, but not limited to: Patient names and dates of birth.

DISCLOSURE OF INTERESTED PARTIES TO CONTRACTS

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Wingate & Wingate, LLC
Southwestern Appraisal Company Address: 5111 Melrose Ave
Roanoke, VA 24018

Name of Authorized Agent: same Address: _____

Contract Number: BMS200000001 Contract Description: Health Facility Appraisals

Governmental agency awarding contract: WV BMS

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.

J. Gregory Wingate - 100%

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: 10/09/19

Notary Verification

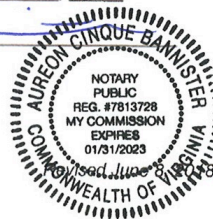
State of Virginia, County of Roanoke

I, JOSEPH G. WINGATE, 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 October, 2019

[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: _____



Specifications

QUALIFICATIONS

3.1

Vendor shall be a general real estate appraiser certified in the State of West Virginia and shall maintain a valid general real estate appraiser certification in the State of West Virginia for the life of the contract, including optional renewal years.

On February 03, 1993, Joseph Gregory Wingate was awarded his West Virginia Certified General Appraisal license. He has maintained his license and will continue to maintain and provide BMS copies of his license in the future.



3.2

Vendor shall have at least three (3) years' experience and expertise in health facility appraisal valuation under the current reproduction cost approach using a "model facility standard" ("MFS") and Marshall-Swift & Boeckh construction indices approach as opposed to the "fair market value" approach for these appraisals so that a Standard Appraised Value (SAV) based on the appraisal of the land, building, and equipment can be established for use in conjunction with the capital costs segment of our reimbursement system.

In 1977, Southwestern Appraisal Company assisted in the initial development and implementation of the SAV program. All of the original SAV appraisals were completed from 1977 through 1979. At this time, the Marshall-Swift and Boeckh Cost Manuals were relied on exclusively for all cost data. These manuals are still relied on to establish base costs of the homes and various site accessories. In addition to these manuals, many actual costs are now tracked and recorded by our company in order to more accurately assess value specifics that are not adequately covered in these manuals. This actual cost information is obtained from the facilities during the annual updates. The availability of this data

conclusively supports the cost reported in the appraisals and carries great weight in determining the validity of any administrative reviews and/or appeals that might arise during a facility claim for adjustments.

We have continued our involvement with the SAV Program with the successful completion of all annual appraisal updates since 1979, including full reports of all new facilities added to this program, currently involving approximately 183 facilities in 2019. Each of the homes is thoroughly inspected as close as possible to the previous year's inspection date in order to avoid value fluctuations due to cycles of monthly cost multipliers. Each year after the SAV updates are completed, Southwestern Appraisal Company continues to provide any assistance needed to the BMS or the nursing home facilities such as cause and effect scenarios resulting from changes in room use or changes to the home licensure. We believe that keeping a small appraisal staff not only simplifies the appraisal process, but also helps keep the values more uniform and equitable. We take pride in establishing a successful working relationship with our clients by being easy to contact and eager to discuss and assist with issues as needed.

3.3

Vendor shall provide at least three (3) references of past appraisal work performed, along with a detailed description of the work performed.

- **City of Bluefield**
Dane D. Rideout
City Manager
City of Bluefield, WV
(304) 327-2401 ext. 2406

Southwestern Appraisal Company partnered with Wingate and Associates to complete a commercial appraisal of the city park in March of 2019. The appraisal included stadium, courts, baseball complex, youth center and related facilities on approximately 387 acres located in the City of Bluefield, WV and the Town of Bluefield, VA.

- **Virginia Department of Transportation**

Paul Jenkins (retired)
Salem District
731 Harrison Ave.
Salem, VA 24153
(540) 387-5320

Over 1,500 appraisals have been made for the Department of Transportation in Virginia and West Virginia statewide for highway right of way acquisitions. Our latest project involved widening the commercial intersection of VA Route 116 and VA Route 122 in Burnt Chimney, Virginia. The properties included two (2) gas/food stores, bank, preschool, carwash, and one (1) residential property situated in a transitioning commercial setting owned by Franklin County.

- **US Department of the Interior**

Donald T. King, Chief Realty Officer (retired)
National Trail Office Land Resources Programs Center
1314 Edwin Miller Blvd.
Martinsburg, WV 25404
(304) 263-4943

Formerly under contract with the US Department of Interior to conduct appraisals on all property types throughout VA and southern West Virginia in connection with both simple fee and easement acquisitions for the construction of the Appalachian Natural Scenic Trail. Also, a project included the appraisal of approximately 100 parcels for the Department of the Army, Corps of Engineers in Lewis County, West Virginia, both rural and residential tracts. The purpose of these acquisitions was to construct The Stonewall Jackson Lake for future flood control to the city of Weston, West Virginia.

- **Bank of Fincastle**

John Kilby, President
Commercial Real Estate Appraisals
17 South Roanoke Street
Fincastle, VA 24090
(540) 473-2761

Some of the work completed for the Bank of Fincastle includes appraisals of commercial tracts including the Well's Furniture Building in the "Statesmen Industrial Park" (Roanoke

City, Virginia) and appraisals for the Shenandoah Nursing Home and Richwood Acres Nursing Home, both located in Botetourt County, Virginia.

MANDATORY REQUIREMENTS

4.1.1

Vendor must obtain from BMS, a list of Long Term Care Facilities to be appraised- See Appendix A for current nursing facilities (NF) and Appendix B for current Intermediate Care Facilities/Individuals with Intellectual disabilities (ICF/IID) facilities. The list shall contain names and locations of those facilities to be appraised.

Southwestern Appraisal Company will continue to maintain a current list of facilities in the SAV program as provided by the BMS and included in Appendix A and B of CRFQ 0511 BMS200000001.

4.1.2

Vendor must carry out a program of appraisals for each designated health care facility in accordance with this RFQ.

4.1.2.1 Annual update appraisals must be completed between January 1st and June 30th of each year and must be delivered to the Bureau by October 1st of each year.

During the annual inspections, which are conducted between January 01 and June 30, all facilities are personally visited utilizing a statewide schedule to inspect each facility as near to a one-year time lapse as possible. It has been well demonstrated by the past history and work performance that Southwestern Appraisal Company can complete the service requirements of this project between January 01 and June 30 of a given year. It has been our experience that when working on a mass appraisal project of this type, a smaller and well-organized team is more cost effective and best achieves the desired comparable equities, thereby treating similar facilities statewide in a more equitable manner. During the course of the existing contract, all field inspections and office preparations have been conducted by Joseph G. Wingate, ASA, Certified General Appraiser, License #155. In our past experience with the S.A.V. project we have found it crucial not to accept or solicit other appraisal assignments that could interfere with our responsibilities to the State of West Virginia. This allows more predictable scheduling of inspections, ensuring that the project will be completed in a timely manner.

4.1.2.2 Vendor will submit one (1) copy of each initial appraisal and/or annual update of each nursing facility appraisal and one (1) copy of each Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) appraisal. See Appendix C, Service Level Agreements (SLAs) for penalties for performance failures. In addition to this requirement, an electronic submission of each appraisal must be forwarded via email to Office of Accountability and Management Reporting (OAMR).

As in the past, Southwestern Appraisal Company will continue to ship one (1) copy of each initial appraisal and/or each nursing facility appraisal update and one (1) copy of each intermediate care facility for Individuals with Intellectual Disabilities (ICF/IID) appraisal update. In addition to the hard copies, electronic copies of SAV reports will be emailed after OAMR has approved them.

4.1.2.3 Vendor must consult quarterly via telephone on a day and at a time mutually agreeable with the Bureau and the vendor on aspects of the appraisal program.

Southwestern Appraisal Company will be pleased to consult quarterly with the Bureau of Medical Services on any aspect of the program on a day and at a time mutually agreeable. Our appraiser is happy to discuss and answer questions about appraisal reports and the SAV program.

4.1.2.4 Vendor must prepare and submit to the Bureau, ad hoc reports within thirty (30) calendar days of request, to the Bureau, upon request. See Appendix C, Service Level Agreements (SLAs) for penalties for performance failures.

Southwestern Appraisal Company will agree to prepare and submit ad hoc reports as required.

4.1.2.5 Vendor must supply an expert witness in the event of an appraisal appeal.

Southwestern Appraisal Company will agree to supply an expert witness as required.

CONTRACT AWARD

5.2

Pricing Page:

Please see Pricing Pages through wvOASIS entered electronically and Exhibit A Pricing Page.

5.3

Ordering Procedures:

Southwestern Appraisal Company will provide any licenses, credentials and required experience specific to the individual project requirements and abide by any SOW requirements.

PERFORMANCE

6

Performance:

Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services deliverables, unless such a schedule is already included herein by Agency: See Appendix C for penalties for performance failures. In the event that this Contract is designated as an open-end contract, Vendor shall perform accordance with the release orders that may be issued against this Contract.

Southwestern Appraisal Company shall agree upon the schedule and perform in accordance to the release orders set upon this Contract and Appendix C.

PAYMENT

7

Agency shall pay flat fee for Initial and Annual appraisals and an all-inclusive hourly rate for additional services, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

Southwestern Appraisal Company will continue to maintain our registration through the West Virginia Purchasing Division (Vendor #000000100561) and accept payments through the West Virginia Oasis Direct Deposit System.

TRAVEL

8

Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

Southwestern Appraisal Company shall agree to be responsible for all travel costs and time.

FACILITIES ACCESS

Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

9.1

Vendor must identify principal service personnel, which will be issued access cards and/or keys to perform service.

9.2

Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

9.3

Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

9.4

Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

9.5

Vendor shall inform all staff of Agency's security protocol and procedures.

Southwestern Appraisal Company contacts each facility to schedule an appointment that is convenient for both the health care facility and appraiser. Although the appraiser only visits the facility with a staff member present, Southwestern Appraisal Company shall adhere to the Facilities Access specification.

VENDOR DEFAULT

10.1 *The following shall be considered a vendor default under this Contract.*

10.1.1 Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2 Failure to comply with other specifications and requirements contained herein.

10.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4 Failure to remedy deficient performance upon request.

10.2 *The following remedies shall be available to Agency upon default.*

10.2.1 Immediate cancellation of the Contract.

10.2.2 Immediate cancellation of one or more release orders issued under this Contract.

10.2.3 Any other remedies available in law or equity.

Southwestern Appraisal Company will agree to the vendor default specifications. Southwestern Appraisal Company also hereby agrees to all the contract specifications set forth in CRFQ 0511 BMS200000001.

MISCELLANEOUS

11.1 Contract Manager

During its performance of this Contract, Vendor must designate and maintain a primary contact 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: Greg Wingate

Telephone Number: 540-986-0472

Fax Number: 540-986-0927

Email Address: swappraisal@aol.com

HIPAA AGREEMENT SIGNATURE

AGREED:

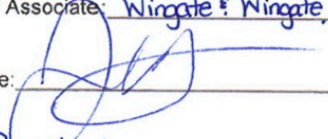
Name of Agency: _____

Signature: _____

Title: _____

Date: _____

Southwestern Appraisal Company
Name of Associate: Wingate & Wingate, LLC

Signature:  _____

Title: President

Date: 10/09/19

Form - WVBAA-012004
Amended 06.26.2013


APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 19

Patrick Morrissey
Attorney General
BY _____

EXHIBIT A PRICING

Exhibit A Pricing Page CRFQ BMS200000001

Base Year 1 (one)	Cost (Unit)	Estimated Quantity	Total	Optional Renewal Year 1 (one)	Cost (Unit)	Estimated Quantity	Total	Optional Renewal Year 2 (two)	Cost (Unit)	Estimated Quantity	Total	Optional Renewal Year 3 (three)	Cost (Unit)	Estimated Quantity	Total
Initial complete appraisal valuation of each long-term care and ICF facility (per unit cost)*	\$ 3,400.00	5 EA	\$ 17,000.00	Initial complete appraisal valuation of each long-term care and ICF facility (per unit cost)*	\$ 3,400.00	5 EA	\$ 17,000.00	Initial complete appraisal valuation of each long-term care and ICF facility (per unit cost)*	\$ 3,400.00	5 EA	\$ 17,000.00	Initial complete appraisal valuation of each long-term care and ICF facility (per unit cost)*	\$ 3,400.00	5 EA	\$ 17,000.00
Annual update of appraisal valuation of each existing facility (per unit cost)*	\$ 2,210.00	185 EA	\$ 408,850.00	Annual update of appraisal valuation of each existing facility (per unit cost)*	\$ 2,270.00	185 EA	\$ 419,950.00	Annual update of appraisal valuation of each existing facility (per unit cost)*	\$ 2,330.00	185 EA	\$ 431,050.00	Annual update of appraisal valuation of each existing facility (per unit cost)*	\$ 2,390.00	185 EA	\$ 442,150.00
All inclusive hourly rate for design, development, and production of ad hoc reports.	\$ 100.00	10 Hours	\$ 1,000.00	All inclusive hourly rate for design, development, and production of ad hoc reports.	\$ 100.00	10 Hours	\$ 1,000.00	All inclusive hourly rate for design, development, and production of ad hoc reports.	\$ 100.00	10 Hours	\$ 1,000.00	All inclusive hourly rate for design, development, and production of ad hoc reports.	\$ 100.00	10 Hours	\$ 1,000.00
Expert Witness Testimony	\$ 100.00	2.5 Hours	\$ 250.00	Expert Witness Testimony	\$ 100.00	2.5 Hours	\$ 250.00	Expert Witness Testimony	\$ 100.00	2.5 Hours	\$ 250.00	Expert Witness Testimony	\$ 100.00	2.5 Hours	\$ 250.00
Estimated Total \$427,100.00				Estimated Total \$438,200.00				Estimated Total \$449,300.00				Estimated Total \$ 460,400.00			

Base Year 1 (one) Total	\$ 427,100.00
Optional Renewal Year 1 Total	\$ 438,200.00
Optional Renewal Year 2 (two) Total	\$ 449,300.00
Optional Renewal Year 3 (three) Total	\$ 460,400.00
Grand Total based on 4 Years	\$ 1,775,000.00

- Notes:**
- 1) *Per unit cost* is the cost per health care facility appraisal that includes all related costs for the service.
 - 2) *Estimated Quantity* is only an estimate for use in evaluating an estimated total cost. Actual quantities may be more or less.
 - 3) The contract price will remain firm for the life of the contract.
 - 4) Vendor will invoice BMS monthly for work completed in the previous month.
 - 5) The Vendors Cost will include all general and administrative staffing (secretarial, clerical, etc.), travel, supplies and other resource costs necessary to perform all services within the scope of this procurement.
 - 6) The cost bid will be evaluated on the Cost of Contract for the four (4) year period.
 - 7) Vendor will not be eligible to invoice any operational or programmatic costs while invoicing for start-up costs.
 - 8) Program services shall be invoiced monthly in arrears.

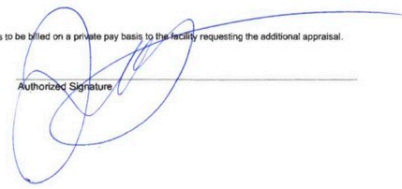
OPTIONAL SERVICES:
 Major facility renovations may necessitate an additional appraisal during the year and is to be billed on a private pay basis to the facility requesting the additional appraisal.

Southwestern Appraisal Company _____
 (Company)

J. Gregory Wingate, President _____
 (Representative Name, Title)

540-986-0472/540-986-0927 _____
 (Contact Phone/Fax Number)

10/14/2019 _____
 (Date)

Authorized Signature 

ADDENDUM ACKNOWLEDGMENT

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS200000001

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

Southwestern Appraisal Company
Company



Authorized Signature

10/10/19

Date

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