



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.

Directed 2013

[Full View](#)

General Information

[Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Classification Request](#)

Preapproved Folder: 1682411

Procurement Type: Central Master Agreement

Vendor ID: V3B9000037600

Legal Name: VPRIME TECH INC.

在 2006 年 12 月 31 日

Total Bid: \$129,195.00

Response Date: 03/29/2021

Response Time: 13:14

Responded By User ID: jay123456

First Name: Jack

Level Name: CHAIR

Email: spine@vynnatech.com

Phone: 833-333-1314

SD Case Codes: CRFO

SO Dept. 6571

50 Dec 80n BFA250000001

Published Date: 3/25/25

Close Date: 4/3/25

Close Times: 11:30

Status: Closed

Solicitation Description: FUJITSU FL6179 SCANNER OR EQUAL

Total of Reader Attachments: 3

Total of All Attachments: 3



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

State of West Virginia
Solicitation Response

Proc Folder: 1582411
Solicitation Description: FUJITSU FI-8170 SCANNER OR EQUAL
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-04-03 13:30	SR 0511 ESR03292500000005805	1

VENDOR
VS0000037600
VPRIME TECH INC

Solicitation Number: CRFQ 0511 BFA2500000001
Total Bid: 121195
Response Date: 2025-03-29
Response Time: 13:14:59
Comments:

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X	FEIN#	DATE
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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	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	969.560000	121195.00

Comm Code	Manufacturer	Specification	Model #
43211711			

Commodity Line Comments: The item is in stock.

Extended Description:

3.1.1 Fujitsu FI-8170 Scanner or Equal



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

State of West Virginia
Centralized Request for Quote
Office Equip.

Proc Folder: 1582411			Reason for Modification: ADDENDUM 1 PROVIDE ANSWERS TO VENDOR QUESTIONS
Doc Description: FUJITSU FI-8170 SCANNER OR EQUAL			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2025-03-25	2025-04-03 13:30	CRFQ 0511 BFA2500000001	2

BID RECEIVING LOCATION

VENDOR

Vendor Customer Code: VS0000037600
Vendor Name : vPrime Tech Inc
Address : 1400 Broadfield Boulevard Suite 200
Street :
City : Houston
State : TX **Country :** USA **Zip :** 77084
Principal Contact : Jan Ghalib
Vendor Contact Phone: 833-333-1314 **Extension:** 2

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X *Jan Ghalib*

FEIN# 861744919

DATE 3/29/2025

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ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, DEPARTMENT OF HUMAN SERVICES, BUREAU FOR FAMILY ASSISTANCE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR FUJITSU FI-8170 SCANNER OR EQUAL PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO

HEALTH AND HUMAN
RESOURCES
BSS - COMMISSIONER'S
OFFICE
350 CAPITOL ST, RM 730
CHARLESTON WV
US

SHIP TO

HEALTH AND HUMAN
RESOURCES
BSS - COMMISSIONERS
OFFICE
350 CAPITOL ST, RM 730
CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	\$969.56	\$121,195.00

Comm Code	Manufacturer	Specification	Model #
43211711	RICOH DOCUMENT SCANNERS	PA03810-B055	FI-8170 SCANNER

Extended Description:

3.1.1 Fujitsu FI-8170 Scanner or Equal

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2025-03-24

	Document Phase	Document Description	Page 3
BFA2500000001	Final	FUJITSU FI-8170 SCANNER OR EQUAL	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
Centralized Request for Quote
Office Equip.

Proc Folder: 1582411

Doc Description: FUJITSU FI-8170 SCANNER OR EQUAL

Reason for Modification:

ADDENDUM 1
PROVIDE ANSWERS TO
VENDOR QUESTIONS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2025-03-25	2025-04-03 13:30	CRFQ 0511 BFA2500000001	2

BID RECEIVING LOCATION

VENDOR

Vendor Customer Code:

Vendor Name :

Address :

Street :

City :

State :

Country :

Zip :

Principal Contact :

Vendor Contact Phone:

Extension:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X

FEIN#

DATE

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

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THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, DEPARTMENT OF HUMAN SERVICES, BUREAU FOR FAMILY ASSISTANCE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR FUJITSU FI-8170 SCANNER OR EQUAL PER THE ATTACHED DOCUMENTS.

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA		

Comm Code	Manufacturer	Specification	Model #
43211711			

Extended Description:

3.1.1 Fujitsu FI-8170 Scanner or Equal

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2025-03-24

SOLICITATION NUMBER: CRFQ BFA25000000001
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ BFA25000000001 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other-

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

SOLICITATION NUMBER: CRFQ BFA25000000001
Addendum Number: 1

Q:1

Are all 125 scanners expected to be purchased at once, or will this be broken up over a period of time?

A:1

The 125 quantity is an estimated quantity for pricing purposes. Scanners will be purchased in various quantities per delivery location on an as needed basis.

Q:2

When it comes to the scanners mentioned on the CRFQ Fujitsu typically recommends a warranty added to them. Would you like me to include a warranty in the response? If the answer is yes, would you like 1, 3, or 4 years of warranty.

A:2

No additional warranties are needed.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BFA2500000001

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 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.

vPrime Tech Inc

Company

Jan Ghalib

Authorized Signature

3/29/2025

Date

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

Revised 6/8/2012



vPrime Tech Inc
1400 Broadfield Blvd
Suite 200
Houston, Texas 77084-5162
(833) 333-1314
vprime@vprimetech.com
www.vprimetech.com

Health and Human Resources
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov
350 Capitol ST, Room 730
Charleston WV
CRFQ-0511-BFA2500000001-1

QUOTE

Quote # 33628461737
Quote Sent Date 03/29/25
Payment Terms Net 30
Certified MBE

Item #	Part Number	Description	Qty	Unit Price	Ext. Price
0001	PA03810-B055	FI-8170 SCANNER PERP	125	\$969.56	\$121,195.00
Subtotal					\$121,195.00
Total					\$121,195.00

Lead Time:
Purchase Terms:

Request for Taxpayer Identification Number and Certification


Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	vPrime Tech Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 1400 Broadfield Boulevard, Suite 200	Requester's name and address (optional)	
6 City, state, and ZIP code Houston, Texas 77084-5162		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> or Employer identification number <table border="1"><tr><td>8</td><td>6</td><td>-</td><td>1</td><td>7</td><td>4</td><td>4</td><td>9</td><td>1</td><td>9</td></tr></table>				-			-					8	6	-	1	7	4	4	9	1	9
			-			-																
8	6	-	1	7	4	4	9	1	9													

Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person  Date 01/03/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE

ISSUED TO:
VPRIME TECH INC
1400 BROADFIELD BLVD 200
HOUSTON, TX 77084-5162

BUSINESS REGISTRATION ACCOUNT NUMBER: **2430-6116**

This certificate is issued on: **07/01/2022**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.