



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 @ 5

List View

General Information

Contact

Default Values


Discount

Document Information

Clarification Request

Procurement Folder: 1453437


Procurement Type: Central Master Agreement

Vendor ID: VS0000029281 

Legal Name: Cenmed Enterprises

Alias/DBA: Cenmed Enterprises

Total Bid: \$752.00

Response Date: 09/16/2024 

Response Time: 11:05

Responded By User ID: David@121 

First Name: Anna

Last Name: Shekhtman

Email: anna.shekhtman@cenmed.c

Phone: 7324471113

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2500000005

Published Date: 9/23/24

Close Date: 9/26/24

Close Time: 13:30

Status: Closed

Solicitation Description: Avian Influenza Virus Antibody Test Kit

Total of Header Attachments: 5

Total of All Attachments: 5



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: 1453437
Solicitation Description: Avian Influenza Virus Antibody Test Kit
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-09-26 13:30	SR 1400 ESR09162400000001959	1

VENDOR
VS0000029281
Cenmed Enterprises

Solicitation Number: CRFQ 1400 AGR2500000005
Total Bid: 752 Response Date: 2024-09-16 Response Time: 11:05:26
Comments:

FOR INFORMATION CONTACT THE BUYER
Larry D McDonnell
304-558-2063
larry.d.mcdonnell@wv.gov

Vendor Signature X 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	AI ELISA Test Kit - Overall Total	1.00000	EA	752.000000	752.00

Comm Code	Manufacturer	Specification	Model #
41116126			

Commodity Line Comments: ProFLOK Avian Influenza Virus (AIV) Antibody Test Kit is an easy-to-use enzyme-linked immunosorbent assay (ELISA) for the detection AIV antibodies in chickens and turkeys.
5 Plates of 96 rct - 480 wells.
2 hours test time.
Shelf life 12 months

Extended Description:
See attached documentation for further details.

**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.) CEN-MED ENTERPRISES, 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 checked="" type="checkbox"/> C corporation <input 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. 121 Jersey Avenue	Requester's name and address (optional)
	6 City, state, and ZIP code New Brunswick, NJ 08901	
	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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
2	2	-	3	1	6	8	3	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 2024
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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

THIS CERTIFIES THAT

CEN-MED Enterprises, Inc.



* Nationally certified by the: **NEW YORK & NEW JERSEY MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): 423450; 334516; 339112; 325413; 622110; 339113; 333314

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

08/28/2023

Issued Date

NY03829

Certificate Number

11/22/2024

Expiration Date


Ying McGuire
NMSDC CEO and President


Terrence Clark, President & CEO

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®



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
Laboratory

Proc Folder: 1453437			Reason for Modification: Addendum No. 2
Doc Description: Avian Influenza Virus Antibody Test Kit			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-09-06	2024-09-17 13:30	CRFQ 1400 AGR2500000005	3

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:
Vendor Name: CEN-MED ENTERPRISES
Address: 121 JERSEY AVE
Street:
City: NEW BRUNSWICK
State: NEW JERSEY **Country:** USA **Zip:** 08901
Principal Contact: ANNA SHEKHTMAN
Vendor Contact Phone: 732 447 1113 **Extension:** 113

FOR INFORMATION CONTACT THE BUYER

Larry D McDonnell
304-558-2063
larry.d.mcdonnell@wv.gov

**Vendor
Signature X**

FEIN#

223168342

DATE

09/16/2024

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

ADDITIONAL INFORMATION

Addendum No. 2:

1. To extend the bid opening date from September 10, 2024 to September 17, 2024 at 1:30 pm.
2. Responses to vendor questions will be issued under separate addendum.

No other changes

INVOICE TO

AGRICULTURE
DEPARTMENT OF
ADMINISTRATIVE SERVICES
1900 KANAWHA BLVD E
CHARLESTON WV
US

SHIP TO

AGRICULTURE
DEPARTMENT OF
MOOREFIELD FIELD OFFICE
60B INDUSTRIAL PARK RD
MOOREFIELD WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	AI ELISA Test Kit - Overall Total	1.00000	EA		

Comm Code	Manufacturer	Specification	Model #
41116126	ZOETIS	10006133	PROFLOK AIV ELISA

Extended Description:

See attached documentation for further details.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Questions Due by 2:00PM EST/EDT	2024-08-26

SOLICITATION NUMBER: CRFQ AGR25*05

Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as ("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

Description of Modification to Solicitation:

1. To extend the bid opening from 09/10/2024 to 09/17/2024. The bid opening time remains at 1:30 pm.
2. The responses to vendor questions will be issued under separate addendum.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A 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.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR25*05

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:

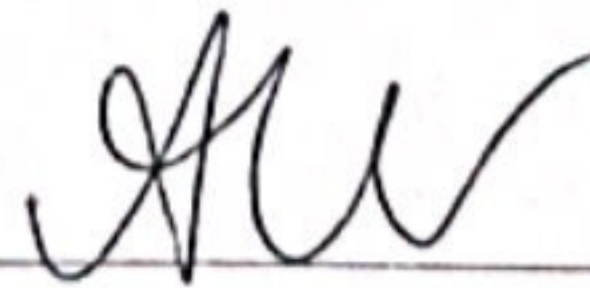
(Check the box next to each addendum received)

- | | |
|--|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input 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 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.

CEN-MED ENTERPRISES

Company



Authorized Signature

09/16/2024

Date

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

121 Jersey Avenue, New Brunswick, NJ 08901
Phone: (732) 447-1100 Fax: (732) 249-0008
www.cenmed.com

Quote Number: CENQ-0034437
Created Date: 9/16/2024
Valid Until: 12/19/2024

Address Information

Bill to Name:	Agriculture Department Charleston WV	Ship to Name:	Agriculture Department Charleston WV
Bill To:	Agriculture department of administrative services, 1900 Kanawha blvd E Charleston, West Virginia,	Contact Name:	Larry D. McDonnell
		Ship To:	Agriculture department of moorefiend field office, 60B Industrial Park Rd Moorefield, West Virginia
Phone:	304-558-20-63	Phone:	304-558-20-63
Email:		Email:	larry.d.mcdonnell@wv.gov

Salesperson	Contact Number	Email Address	Ship Via	Terms	
Anna Shekhtman		anna.shekhtman@cenmed.com		NET60	
Product	Description	UOM	Sales Price	Qty.	Total
10006133	ProFLOK® AIV Ab 5PLT	1 EA	\$752.00	1	\$752.00
ADD SHIPPING	*** ADD SHIPPING ACTUALS ****	EA	\$0.00	1	\$0.00

Comments or Special Instructions

Shipping costs will be added as actuals at the time of delivery	Subtotal	752.00
	Freight	
	Tax	0.00
	Total	752.00

To accept the terms of this quote, please sign and return via email.

(Signature)

(Full Name)

(Date)

All prices are subject to changes without prior notice due to currency fluctuation, fuel prices, tariffs, and/or unforeseen economic circumstances. Prices based upon total purchase - All delivery, training or services to be billed at published rate for each activity involved - Generally all items proposed above are covered by a manufacturers warranty, covering parts and/or labor for items purchased - We specifically disclaim any and all warranties, express or implied, including but not limited to any implied warranties or with regard to any licensed products. We shall not be liable for any loss of profits, business, goodwill, data, interruption of business, nor for incidental or consequential merchant ability purpose, damages related to this agreement. Minimum 25% restocking fee with original packaging. Shipping costs may be extra. This quote supersedes any prior quotation. All items are subject to availability. All PPE items are non-returnable & non-refundable



CEN-ENT-01

FSOME

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2024

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 have ADDITIONAL INSURED provisions or 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 MJM Global Insurance Brokerage Group, Inc. 25 Rockwood Pl Ste 210 Englewood, NJ 07631	CONTACT NAME: Frances Some		
	PHONE (A/C, No, Ext): (201) 720-7624	FAX (A/C, No): (201) 720-7699	
	E-MAIL ADDRESS: fsome@mjmglobal.com		
INSURED Cen-Med Enterprises, Inc. 121 Jersey Ave New Brunswick, NJ 08901	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Pharmacists Mutual Insurance Company		13714
	INSURER B: Proassurance Specialty Insurance Company		17400
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VST000219500	1/2/2024	1/2/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			UCL0164157 01	1/2/2024	1/2/2025	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Product Liability			N22NJ380019	7/9/2024	7/9/2025	Claims Made 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds: ENG Scientific LLC and Precision Medical Devices Inc.

Evidence of Insurance only.

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE PURPOSES ONLY FOR EVIDENCE PURPOSES ONLY
FOR EVIDENCE PURPOSES ONLY
FOR EVIDENCE PURPOSES ONLY

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

Frances Some