



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

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 @ 2

List View

General Information Contact Default Values Discount Document Information Clarification Request

Procurement Folder: 1931246

Procurement Type: Central Master Agreement

Vendor ID: VS0000045819

Legal Name: SWIPE RESOURCES LLC

Alias/DBA: HAMZA MASUD

Total Bid: \$0.00

Response Date: 04/14/2026

Response Time: 10:26

Responded By User ID: swiperesources

First Name: Hamza

Last Name: Masud

Email: hamza.masud@swiperesou

Phone: 7038706182

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2600000006

Published Date: 4/9/26

Close Date: 4/14/26

Close Time: 13:30

Status: Closed

Solicitation Description: Medical Supplies and Equipment

Total of Header Attachments: 2

Total of All Attachments: 2



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: 1931246
Solicitation Description: Medical Supplies and Equipment
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2026-04-14 13:30	SR 0613 ESR04142600000007090	1

VENDOR
 VS0000045819
 SWIPE RESOURCES LLC

Solicitation Number: CRFQ 0613 VNF2600000006
Total Bid: 0
Response Date: 2026-04-14
Response Time: 10:26:48
Comments:

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@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	Medical Supplies and Equipment	0.00000	EA	1.000000	0.00

Comm Code	Manufacturer	Specification	Model #
42000000			

Commodity Line Comments: See pricing sheet

Extended Description:

See the Exhibit A Pricing Page to input pricing for each and every line. Enter the Grand Total Amount on the commodity line. Vendors MUST complete the pricing page in its entirety and return with their bids, failure to do so will result in disqualification.

**EXHIBIT A PRICING PAGE CRFQ VNF26*06 Revision 1
WV VETERANS NURSING FACILITY**

Item #	Item Description	Pricing per each	Quantity	Monthly Pricing		Annual Pricing
Item 1	1 ML INSULIN SYRINGE	115	x 25 cases	= 2875	x 12 Months	34500
Item 2	1/2 ML INSULIN SYRINGE	115	x 25 cases	= 2875	x 12 Months	34500
Item 3	3/10 INSULIN SYRINGE	115	x 25 cases	= 2875	x 12 Months	34500
Item 4	SMALL GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months	0
Item 5	MEDIUM GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months	0
Item 6	LARGE GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months	0
Item 7	EXTRA LARGE GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months	0
Item 8	SMALL GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months	0
Item 9	MEDIUM GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months	0
Item 10	LARGE GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months	0
Item 11	EXTRA LARGE GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months	0
Item 12	ENSURE PLUS (VARIOUS FLAVORS)	105	x 25 cases	= 2625	x 12 Months	31500
Item 13	GLUCERNA (VARIOUS FLAVORS)	105	x 25 cases	= 2625	x 12 Months	31500
Item 14	NECTAR LIQUIDS (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months	0
Item 15	HONEY LIQUIDS (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months	0
Item 16	TWO-CAL (VARIOUS FLAVORS)	105	x 25 cases	= 2625	x 12 Months	31500
Item 17	2X2 GAUZE	148	x 25 cases	= 3700	x 12 Months	44400
Item 18	4X4 GAUZE	148	x 25 cases	= 3700	x 12 Months	44400
Item 19	LANCETS	258	x 25 boxes	= 6450	x 12 Months	77400
Item 20	GLUCOSE TEST STRIPS	375	x 25 boxes	= 9375	x 12 Months	112500
Item 21	ALCOHOL PREP PADS	54	x 25 cases	= 1350	x 12 Months	16200
Item 22	FULL BODY SLINGS	1495	x 25 cases	= 37375	x 12 Months	448500
Item 23	WIPES		x 25 cases	= 0	x 12 Months	0
Item 24	GRADUATED CUPS	105	x 25 cases	= 2625	x 12 Months	31500
Item 25	MEDICINE CUPS	105	x 25 cases	= 2625	x 12 Months	31500
Item 26	7FT NASAL CANNULA	65	x 25 cases	= 1625	x 12 Months	19500
Item 27	7FT O2 TUBING	65	x 25 cases	= 1625	x 12 Months	19500
Item 28	16 FRENCH 5CC CATHETER	385	x 25 boxes	= 9625	x 12 Months	115500
Item 29	SKIN PREP		x 25 cases	= 0	x 12 Months	0
Item 30	ANTIBACTERIAL SOAP	123	x 25 cases	= 3075	x 12 Months	36900
Item 31	NEBULIZER KITS	123	x 25 cases	= 3075	x 12 Months	36900
Item 33	18 FRENCH G-TUBE	265	x 25 boxes	= 6625	x 12 Months	79500
Item 34	STATLOCKS	240	x 25 cases	= 6000	x 12 Months	72000
Item 35	URNIALS	60	x 25 cases	= 1500	x 12 Months	18000
Item 36	WASH BASINS	80	x 25 cases	= 2000	x 12 Months	24000
Item 37	BEDPANS	240	x 25 cases	= 6000	x 12 Months	72000
Item 38	HUMIDIFIER BOTTLE		x 25 cases	= 0	x 12 Months	0
Item 39	STERILE WATER	92	x 25 cases	= 2300	x 12 Months	0
Item 40	LOTION	109	x 25 cases	= 2725	x 12 Months	32700
Item #	Item Description	Pricing per each	Quantity	Monthly Pricing		Annual Pricing
Item 41	4 IN COBAN	89	x 25 boxes	= 2225	x 12 Months	26700
Item 42	23GA BUTTERFLY NEEDLES	98	x 25 boxes	= 2450	x 12 Months	29400
Item 43	NEBULIZER MASKS	176	x 25 cases	= 4400	x 12 Months	52800
Item 44	FINGERNAIL CLIPPERS	54	x 25 cases	= 1350	x 12 Months	16200
Item 45	ACE WRAP (6X6)	156	x 25 boxes	= 3900	x 12 Months	46800
Item 46	TOENAIL CLIPPERS	56	x 25 cases	= 1400	x 12 Months	16800
Item 47	TOURNIQUETS	654	x 25 boxes	= 16350	x 12 Months	196200
Item 48	SHAMPOO CAPS	154	x 25 boxes	= 3850	x 12 Months	46200
Item 49	COMBS	132	x 25 cases	= 3300	x 12 Months	39600
Item 50	HAIR BRUSHES	285	x 25 cases	= 7125	x 12 Months	85500
Item 51	COLD PACKS	214	x 25 boxes	= 5350	x 12 Months	64200
Item 52	RAZORS	78	x 25 cases	= 1950	x 12 Months	23400
Item 53	COTTON TIP APPLICATORS	145	x 25 cases	= 3625	x 12 Months	43500
Item 54	TONGUE DEPRESSORS	87	x 25 cases	= 2175	x 12 Months	26100
Item 55	SLIPPER SOCKS (LARGE)	98	x 25 boxes	= 2450	x 12 Months	29400
Item 56	BRIEFS (LARGE)	90	x 25 cases	= 2250	x 12 Months	27000

Item 57	UNDERWEAR (LARGE)	98	x 25 cases	=	2450	x 12 Months	29400
Item 58	DISPOSABLE PADS (30X36)	135	x 25 cases	=	3375	x 12 Months	40500
Item 59	TOOTHBRUSHES	80	x 25 cases	=	2000	x 12 Months	24000
Item 60	AFTERSHAVE	89	x 25 cases	=	2225	x 12 Months	26700
Item 61	TUBI-GRIP (SIZE D)	1350	x 25 each	=	33750	x 12 Months	405000
Item 62	BODY WASH	89	x 25 cases	=	2225	x 12 Months	26700
Item 63	SHAMPOO	89	x 25 cases	=	2225	x 12 Months	26700
Item 64	SPECIMEN CUPS	67	x 25 cases	=	1675	x 12 Months	20100
Item 65	DENTURE CLEANER	89	x 25 cases	=	2225	x 12 Months	26700
Item 66	SHARPS CONTAINERS	98	x 25 cases	=	2450	x 12 Months	29400
Item 67	BATTERIES (AA)	176	x 25 cases	=	4400	x 12 Months	52800
Item 68	DEODORANT	98	x 25 cases	=	2450	x 12 Months	29400
Item 69	SHAVING CREAM	254	x 25 cases	=	6350	x 12 Months	76200
Item 70	MOUTHWASH	76	x 25 cases	=	1900	x 12 Months	22800
Item 71	WOUND CLEANER	87	x 25 cases	=	2175	x 12 Months	26100
Item 72	HAND SANITIZER	76	x 25 cases	=	1900	x 12 Months	22800
Item 73	SYRINGES (60CC)	123	x 25 cases	=	3075	x 12 Months	36900
Item 74	SKIN PROTECTANT	75	x 25 cases	=	1875	x 12 Months	22500
Item 75	PERI CLEANER	74	x 25 cases	=	1850	x 12 Months	22200
Item 76	ISLAND DRESSINGS (4X4)	73	x 25 cases	=	1825	x 12 Months	21900
Item 77	DENTURE CUPS	72	x 25 cases	=	1800	x 12 Months	21600
Item 78	MEDICATED LOTION		x 25 cases	=	0	x 12 Months	0
Item 79	LIP BALM	1876	x 25 cases	=	46900	x 12 Months	562800
Item 80	FACE MASKS	98	x 25 cases	=	2450	x 12 Months	29400
Item 81	N95 FACE MASKS	345	x 25 cases	=	8625	x 12 Months	103500
Item 82	ISOLATION GOWNS	255	x 25 cases	=	6375	x 12 Months	76500
Item #	Item Description	Pricing per each	Quantity		Monthly Pricing		Annual Pricing
Item 83	FACE SHIELDS	0	x 25 cases	=	0	x 12 Months	0
Item 84	COLOSTOMY BAGS (2 1/4 IN)	108	x 25 boxes	=	2700	x 12 Months	32400
Item 85	SPLIT SPONGES	109	x 25 cases	=	2725	x 12 Months	32700
Item 86	FRACTURE PANS	109	x 25 cases	=	2725	x 12 Months	32700
Item 87	BANDAIDS	109	x 25 cases	=	2725	x 12 Months	32700
Item 88	SURGICAL SPONGES	187	x 25 cases	=	4675	x 12 Months	56100
Item 89	MOUTH MOISTURIZER		x 25 cases	=	0	x 12 Months	0
Item 90	FEEDING TUBE DE-CLOGGER		x 25 each	=	0	x 12 Months	0
Item 91	PAPER TAPE (1X10)		x 25 cases	=	0	x 12 Months	0
Item 92	SURGICAL TAPE (1X10)		x 25 cases	=	0	x 12 Months	0
Item 93	COMMODE SPECIMEN COLLECTOR		x 25 cases	=	0	x 12 Months	0
Item 94	HEEL DRESSINGS		x 25 cases	=	0	x 12 Months	0
Item 95	HYDROCOLLOID (2X2)		x 25 boxes	=	0	x 12 Months	0
Item 96	URINARY BAGS (2000ML)		x 25 cases	=	0	x 12 Months	0
Item 97	ADHESIVE REMOVER WIPES		x 25 cases	=	0	x 12 Months	0
Item 98	O2 MASKS		x 25 cases	=	0	x 12 Months	0
Item 99	NAIL BRUSHES		x 25 cases	=	0	x 12 Months	0
Item 100	EMERY BOARDS		x 25 cases	=	0	x 12 Months	0
Item 101	IODINE SWABSTICKS		x 25 cases	=	0	x 12 Months	0
Item 102	SPECIMEN BAGS		x 25 cases	=	0	x 12 Months	0
Item 103	SALINE FLUSH		x 25 cases	=	0	x 12 Months	0
Item 104	FEEDING PUMP FLUSH BAG		x 25 cases	=	0	x 12 Months	0
Item 105	COMPRESSION STOCKINGS (LARGE)		x 25 cases	=	0	x 12 Months	0
	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair		Total Pricing Per Month		\$ 358,125.00	Total Annual Cost	\$ 4,269,900.00

Example of a properly completed of Pricing Page are shown below and is for reference purposes only.

Pricing Per Each multiplied by Quantity = Monthly Pricing (\$10.00 x 2 each = \$20.00 per month x 12 months = \$240.00)

Monthly Pricing Total multiplied by 12 Months = Annual Pricing

Add all lines of the Annual Pricing Column to get the Total Annual Cost

NOTE: The quantities listed are estimated quantities only and are for bid evaluation purposes only and actual quantities may vary.

Evaluation and Award Criteria: Contract shall be awarded to the Vendor that provides the Desired Items meeting the required specifications for the lowest annual grand total cost.

Vendor Name (Printed)

Purchase Order Address

Vendor Remit-To Address:

Vendor Authorized Representative (Printed)

Signature

Telephone

Fax

E-mail



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
 Medical

Proc Folder: 1931246	Reason for Modification: Addendum No. 1
Doc Description: Medical Supplies and Equipment	
Proc Type: Central Master Agreement	

Date Issued	Solicitation Closes	Solicitation No	Version
2026-04-09	2026-04-14 13:30	CRFQ 0613 VNF2600000006	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:
Vendor Name : Swipe Resources LLC
Address :
Street : 7491 Flag Point Ct.
City : Manassas
State : VA **Country :** USA **Zip :** 20109
Principal Contact : Hamza Masud
Vendor Contact Phone: (703) 870-6182 **Extension:**

FOR INFORMATION CONTACT THE BUYER

David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X

FEIN# 85-1143501

DATE 4/14/2026

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

ADDITIONAL INFORMATION

Addendum No. 1

To provide responses to the Vendor Technical Questions, see attached.

To revise Exhibit "A" The Pricing Page, see attached revision.

Bid Opening Date & Time remains April 14, 2026, at 1:30 pm., EST.

No other changes.

INVOICE TO**SHIP TO**DIVISION OF VETERANS
AFFAIRS
1 FREEDOMS WAYVETERAN'S NURSING
FACILITY
1 FREEDOMS WAYCLARKSBURG WV
USCLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Medical Supplies and Equipment	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
42000000			

Extended Description:

See the Exhibit A Pricing Page to input pricing for each and every line. Enter the Grand Total Amount on the commodity line. Vendors MUST complete the pricing page in its entirety and return with their bids, failure to do so will result in disqualification.

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 AM EST.	2026-04-06

SOLICITATION NUMBER: CRFQ VNF2600000006

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as (“VNF2600000006”) 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 provide responses to vendor technical questions regarding, (see attached)
- 2) To revise Exhibit "A" Pricing Page, see attached revision.
- 3) Bid opening date and time remains April 14, 2026, at 1:30 pm., EST.
- 4) No other changes.

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.

CRFQ-0613-VNF260000006

Medical Supplies and Equipment

Vendor Questions & Answers

- Q1. Can you please provide the bid tabulation (a complete recap) from the previous bid indicating the award pricing per item and winning vendor?
A1. This information can be obtained through the Freedom Of Information Act
- Q2. We are interested in bidding on items 4-11 (all of the gloves). How often are orders placed for these items, and how many gloves are generally ordered at one time?
A2. Once a week, approximately 18 cases
- Q3. What is the annual usage per each type of glove?
A3. Approximately 900 cases of Nitrile and 100 cases of food grade gloves.
- Q4. How many delivery locations are there?
A4. One
- Q5. Regarding the Excel Price Sheet, please clarify the meaning of "each". Does it mean each box (of gloves) or does it mean each case?
A5. Each box
- Q6. The file requires every item to be priced as Each (column D). Most of these items are not sold as Each, for example, gloves are usually sold as 100/BX. How do we enter the price? Are you asking for the price of Each glove or each box of gloves? Where do we specify how much each item is sold as (Unit of Measure)?
A6. A box of gloves.
- Q7. Another issue is that there are items that are offered in various sizes and the price varies based on size. For example, Lint Item 28 Catheters, it would be impossible to give you an average price for each. The same goes for Line Items 33, 45, 56, 61, 73 and many others.
A7. List one size in a box.
- Q8. I also have a question about Line 76, can you provide a manufacturer and an item # for the island dressing?
A8. We are currently ordering McKesson Bran Island Dressings. The item number for the 4x4 is #491826.

End of questions.

EXHIBIT A PRICING PAGE CRFQ VNF26*06 Revision 1

WV VETERANS NURSING FACILITY

Item #	Item Description	Pricing per each	Quantity	Monthly Pricing	Annual Pricing
Item 1	1 ML INSULIN SYRINGE		x 25 cases	= 0	x 12 Months 0
Item 2	1/2 ML INSULIN SYRINGE		x 25 cases	= 0	x 12 Months 0
Item 3	3/10 INSULIN SYRINGE		x 25 cases	= 0	x 12 Months 0
Item 4	SMALL GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months 0
Item 5	MEDIUM GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months 0
Item 6	LARGE GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months 0
Item 7	EXTRA LARGE GLOVES (NITRILE)		x 100 cases	= 0	x 12 Months 0
Item 8	SMALL GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months 0
Item 9	MEDIUM GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months 0
Item 10	LARGE GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months 0
Item 11	EXTRA LARGE GLOVES (FOODGRADE)		x 100 cases	= 0	x 12 Months 0
Item 12	ENSURE PLUS (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months 0
Item 13	GLUCERNA (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months 0
Item 14	NECTAR LIQUIDS (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months 0
Item 15	HONEY LIQUIDS (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months 0
Item 16	TWO-CAL (VARIOUS FLAVORS)		x 25 cases	= 0	x 12 Months 0
Item 17	2X2 GAUZE		x 25 cases	= 0	x 12 Months 0
Item 18	4X4 GAUZE		x 25 cases	= 0	x 12 Months 0
Item 19	LANCETS		x 25 boxes	= 0	x 12 Months 0
Item 20	GLUCOSE TEST STRIPS		x 25 boxes	= 0	x 12 Months 0
Item 21	ALCOHOL PREP PADS		x 25 cases	= 0	x 12 Months 0
Item 22	FULL BODY SLINGS		x 25 cases	= 0	x 12 Months 0
Item 23	WIPES		x 25 cases	= 0	x 12 Months 0
Item 24	GRADUATED CUPS		x 25 cases	= 0	x 12 Months 0
Item 25	MEDICINE CUPS		x 25 cases	= 0	x 12 Months 0
Item 26	7FT NASAL CANNULA		x 25 cases	= 0	x 12 Months 0
Item 27	7FT O2 TUBING		x 25 cases	= 0	x 12 Months 0
Item 28	16 FRENCH 5CC CATHETER		x 25 boxes	= 0	x 12 Months 0
Item 29	SKIN PREP		x 25 cases	= 0	x 12 Months 0
Item 30	ANTIBACTERIAL SOAP		x 25 cases	= 0	x 12 Months 0
Item 31	NEBULIZER KITS		x 25 cases	= 0	x 12 Months 0
Item 33	18 FRENCH G-TUBE		x 25 boxes	= 0	x 12 Months 0
Item 34	STATLOCKS		x 25 cases	= 0	x 12 Months 0
Item 35	URNIALS		x 25 cases	= 0	x 12 Months 0
Item 36	WASH BASINS		x 25 cases	= 0	x 12 Months 0
Item 37	BEDPANS		x 25 cases	= 0	x 12 Months 0
Item 38	HUMIDIFIER BOTTLE		x 25 cases	= 0	x 12 Months 0
Item 39	STERILE WATER		x 25 cases	= 0	x 12 Months 0
Item 40	LOTION		x 25 cases	= 0	x 12 Months 0
Item #	Item Description	Pricing per each	Quantity	Monthly Pricing	Annual Pricing
Item 41	4 IN COBAN		x 25 boxes	= 0	x 12 Months 0
Item 42	23GA BUTTERFLY NEEDLES		x 25 boxes	= 0	x 12 Months 0
Item 43	NEBULIZER MASKS		x 25 cases	= 0	x 12 Months 0
Item 44	FINGERNAIL CLIPPERS		x 25 cases	= 0	x 12 Months 0
Item 45	ACE WRAP (6X6)		x 25 boxes	= 0	x 12 Months 0
Item 46	TOENAIL CLIPPERS		x 25 cases	= 0	x 12 Months 0
Item 47	TOURNIQUETS		x 25 boxes	= 0	x 12 Months 0
Item 48	SHAMPOO CAPS		x 25 boxes	= 0	x 12 Months 0
Item 49	COMBS		x 25 cases	= 0	x 12 Months 0
Item 50	HAIR BRUSHES		x 25 cases	= 0	x 12 Months 0
Item 51	COLD PACKS		x 25 boxes	= 0	x 12 Months 0
Item 52	RAZORS		x 25 cases	= 0	x 12 Months 0

Item 53	COTTON TIP APPLICATORS		x 25 cases	= 0	x 12 Months	0
Item 54	TONGUE DEPRESSORS		x 25 cases	= 0	x 12 Months	0
Item 55	SLIPPER SOCKS (LARGE)		x 25 boxes	= 0	x 12 Months	0
Item 56	BRIEFS (LARGE)		x 25 cases	= 0	x 12 Months	0
Item 57	UNDERWEAR (LARGE)		x 25 cases	= 0	x 12 Months	0
Item 58	DISPOSABLE PADS (30X36)		x 25 cases	= 0	x 12 Months	0
Item 59	TOOTHBRUSHES		x 25 cases	= 0	x 12 Months	0
Item 60	AFTERSHAVE		x 25 cases	= 0	x 12 Months	0
Item 61	TUBI-GRIP (SIZE D)		x 25 each	= 0	x 12 Months	0
Item 62	BODY WASH		x 25 cases	= 0	x 12 Months	0
Item 63	SHAMPOO		x 25 cases	= 0	x 12 Months	0
Item 64	SPECIMEN CUPS		x 25 cases	= 0	x 12 Months	0
Item 65	DENTURE CLEANER		x 25 cases	= 0	x 12 Months	0
Item 66	SHARPS CONTAINERS		x 25 cases	= 0	x 12 Months	0
Item 67	BATTERIES (AA)		x 25 cases	= 0	x 12 Months	0
Item 68	DEODORANT		x 25 cases	= 0	x 12 Months	0
Item 69	SHAVING CREAM		x 25 cases	= 0	x 12 Months	0
Item 70	MOUHWASH		x 25 cases	= 0	x 12 Months	0
Item 71	WOUND CLEANER		x 25 cases	= 0	x 12 Months	0
Item 72	HAND SANITIZER		x 25 cases	= 0	x 12 Months	0
Item 73	SYRINGES (60CC)		x 25 cases	= 0	x 12 Months	0
Item 74	SKIN PROTECTANT		x 25 cases	= 0	x 12 Months	0
Item 75	PERI CLEANER		x 25 cases	= 0	x 12 Months	0
Item 76	ISLAND DRESSINGS (4X4)		x 25 cases	= 0	x 12 Months	0
Item 77	DENTURE CUPS		x 25 cases	= 0	x 12 Months	0
Item 78	MEDICATED LOTION		x 25 cases	= 0	x 12 Months	0
Item 79	LIP BALM		x 25 cases	= 0	x 12 Months	0
Item 80	FACE MASKS		x 25 cases	= 0	x 12 Months	0
Item 81	N95 FACE MASKS		x 25 cases	= 0	x 12 Months	0
Item 82	ISOLATION GOWNS		x 25 cases	= 0	x 12 Months	0
Item #	Item Description	Pricing per each	Quantity		Monthly Pricing	Annual Pricing
Item 83	FACE SHIELDS		x 25 cases	= 0	x 12 Months	0
Item 84	COLOSTOMY BAGS (2 1/4 IN)		x 25 boxes	= 0	x 12 Months	0
Item 85	SPLIT SPONGES		x 25 cases	= 0	x 12 Months	0
Item 86	FRACTURE PANS		x 25 cases	= 0	x 12 Months	0
Item 87	BANDAIDS		x 25 cases	= 0	x 12 Months	0
Item 88	SURGICAL SPONGES		x 25 cases	= 0	x 12 Months	0
Item 89	MOUTH MOISTURIZER		x 25 cases	= 0	x 12 Months	0
Item 90	FEEDING TUBE DE-CLOGGER		x 25 each	= 0	x 12 Months	0
Item 91	PAPER TAPE (1X10)		x 25 cases	= 0	x 12 Months	0
Item 92	SURGICAL TAPE (1X10)		x 25 cases	= 0	x 12 Months	0
Item 93	COMMODE SPECIMEN COLLECTOR		x 25 cases	= 0	x 12 Months	0
Item 94	HEEL DRESSINGS		x 25 cases	= 0	x 12 Months	0
Item 95	HYDROCOLLOID (2X2)		x 25 boxes	= 0	x 12 Months	0
Item 96	URINARY BAGS (2000ML)		x 25 cases	= 0	x 12 Months	0
Item 97	ADHESIVE REMOVER WIPES		x 25 cases	= 0	x 12 Months	0
Item 98	O2 MASKS		x 25 cases	= 0	x 12 Months	0
Item 99	NAIL BRUSHES		x 25 cases	= 0	x 12 Months	0
Item 100	EMERY BOARDS		x 25 cases	= 0	x 12 Months	0
Item 101	IODINE SWABSTICKS		x 25 cases	= 0	x 12 Months	0
Item 102	SPECIMEN BAGS		x 25 cases	= 0	x 12 Months	0
Item 103	SALINE FLUSH		x 25 cases	= 0	x 12 Months	0
Item 104	FEEDING PUMP FLUSH BAG		x 25 cases	= 0	x 12 Months	0
Item 105	COMPRESSION STOCKINGS (LARGE)		x 25 cases	= 0	x 12 Months	0

	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	Total Pricing Per Month	\$ -	Total Annual Cost	\$ -
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Example of a properly completed of Pricing Page are shown below and is for reference purposes only.

Pricing Per Each multiplied by Quantity = Monthly Pricing (\$10.00 x 2 each = \$20.00 per month x 12 months = \$240.00)

Monthly Pricing Total multiplied by 12 Months = Annual Pricing

Add all lines of the Annual Pricing Column to get the Total Annual Cost

NOTE: The quantities listed are estimated quantities only and are for bid evaluation purposes only and actual quantities may vary.

Evaluation and Award Criteria: Contract shall be awarded to the Vendor that provides the Desired Items meeting the required specifications for the lowest annual grand total cost.

Swipe Resources LLC

7491 Flag Point Ct., Manassas, VA 20109

Vendor Name (Printed)

Purchase Order Address

7491 Flag Point Ct., Manassas, VA 20109

Hamza Masud



Vendor Authorized Representative (Printed)

Signature

(703) 870-6182

hamza.masud@swiperesources.com

Telephone

Fax

E-mail

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF2600000006

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.

Swipe Resources LLC

Company

H. Masvid

Authorized Signature

4/14/2026

Date

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