

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

 $\{a_i\}_{i=1}^{n}$

PO Box 10186

The Printing Press, Ltd.

Charleston, WV 25357

Request for Quotation

RFQ NUMBER CHP76026

| PA | GE . | |
|----|------|--|
| | 1 | |

ADDRESS CORRESPONDENCE TO ATTENTION OF:

KRISTA FERRELL 304-558-2596

SHIPTO

WEST VIRGINIA CHILDRENS HEALTH INSURANCE PROGRAM SUITE 209 1018 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25301 304-558-6655

| | | TERMS OF SALE | SHIP VIA | F,O.B. | FREIGHT TERMS |
|----------------|------------------|-------------------|-------------------------------|----------------|---------------|
| 06/2 | 5/2007 | | | | |
| BID OPENING DA | TE: 07/1 | 1/2007 | BID | OPENING TIME 0 | :30PM |
| LINE | QUANTITY | UOP CAT. | MEM NUMBER | UNIT PRICE | AMOUNT |
| 0001 | ABC'S BABY | EA 1 CARE | 966-50 | 30 11 | 752850 |
| 0002 | | EA | 966-50 | - 3011 | 7528.50 |
| 0003 | COLORING BO | • į I | 966-50 NING GOOD HEALTH | HABITS | 2.353.00 |
| 004 | CRAYONS: 4 | EA PACK BOX | 966-50 | . 2540 | 1270.00 |
| 005 | 1 FITNESS ACT | EA IVITY BOOK: | 966-50 FITNESS IS FUN | .47.06 | 2.353.00 |
| | | SEERE | VERSE SIDE FOR TERMS AND CONE | DITIONS | |

304-744-7949

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

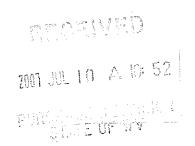
- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. All quotations are governed by the West Virginia Code and the Legislative Rules of the Purchasing Division.
- 4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
- 5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
- 6. Payment may only be made after the delivery and acceptance of goods or services.
- Interest may be paid for late payment in accordance with the West Virginia Code.
- 8. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 13. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
- 14. HIPAA Business Associate Addendum The West Viginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division.
- 2. SPECIFICATIONS: Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- Complete all sections of the quotation form.
- 4. Unit prices shall prevail in cases of discrepancy.
- 5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 6. BID SUBMISSION: All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

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





>mz.dom

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

Request for Quotation

REQ NUMBER
CHP76026

| | | | | | ÷ |
|-------------|-----|-----|----|----|---|
| <u>::::</u> | PAU | iC. | .: | Ċ. | |
| | | 2 | , | | |

ADDRESS CORRESPONDENCE TO ATTENTION OF:

KRISTA FERRELL 304-558-2596

RFQ COPY TYPE NAME/ADDRESS HERE Prenting Press

σ±-n +0

WEST VIRGINIA CHILDRENS HEALTH
INSURANCE PROGRAM
SUITE 209
1018 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25301 304-558-6655

ADDRESS CHANGES TO BE NOTED ABOVE

| 06/25/ BID OPENING DATE | ~ | A - 1 / 1 - 1 | | | | | | | |
|----------------------------|---|---------------------------------------|--|---|--|------------------|--|--|----------|
| SID OPENING DATE | Jan es au | 07/11/ | | CAT. | | 3 I D | OPENING TIME | 01: | 30PM |
| LINE | QUAN | ITITY | UOP | NO. | ITEM NUMBER | | UNIT PRICE | | AMOUNT |
| 0006 | SUMMAR | 1 Y PLAN | EA DESC | RIPTI | 966-50 ONS | | :9128 ea |) | 24, 100, |
| 1007 | IMMUNI2 | 1 | EA /PREV | | 966-50 N FLYER | and the second | .78 w | The Part of the Pa | * 390, |
| | | į | - | | R QUOTATION (END CONTRACT | RFQ |) | | |
| | THE WES PROGRAN THE PRI | ST VIR 1, IS INTING S WV C | GINIA SOLIC , WAR HIP P | CHIL ITING EHOUS ROMOT | DREN'S HEALTH BIDS TO PROV ING, AND BULK IONAL LITERAT | IN: IDE MA | THE AGENCY WILLING OF | | |
| - | MUST BE A FULLY THAT WO WEEK OF EXPECTE | READ EXEC RK WI JULY D TO | Y TO UTED LL CO . AL PRINT | BEGIN PURCH MMENC SO, T AND | WORK UPON TH | E RETURNED | S EXPECTED THE SECOND NOOR WILL BE | 8 | |
|] | DELIVER | IES M | JST B | E MAI Thin | BELS FOR BULK LED TO THE AP 2 WEEKS OF TH ERSESIDE FOR TERMS AN | PROF E RE | PRIATE LOCATIO | N | |

FEIN



TITLE

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

Request for Quotation

SHIP

CHP76026

| | PAGE |
|---|------|
| | |
| , | 3 |
| _ | |

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

RFQ COPY TYPE NAME/ADDRESS HERE

WEST VIRGINIA CHILDRENS HEALTH
INSURANCE PROGRAM
SUITE 209
1018 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25301
304-558-6655

| DATE PRIN | TED | TER | MS OF SALI | = | SHIP | VIA | F.O.B. | | FHEIGHT LERMS |
|-------------------|---|---|---|--|--|---|--|-----------------------|---------------|
| 06/25/ | 2007 | | | | | | | | |
| BID OPENING DATE: | | 07/11/ | 2007 | | | BID | OPENING TIME | 01, | :30PM |
| LINE | QUAI | YTITY | UOP | CAT. NO | ITEM NU | MBER | UNIT PRICE | | AMOUNT |
| | WV CHI | P REQU T ADDI | IRES T | THAT _ SET | THE VENDO | DR PROVI | DE REPRINTS | | |
| | SUBMIT WEST V ADDRES 304-55 TECHNI SCOPE VENDOR ETC. | TED IN IRGINI S LIST 8-4115 CAL QU OF WOR AS TH DEADLI | WRITO A PURC ED IN OR SSTION K, ITE EY APE NE FOR | ING TO THE VIA EN THE VIA EN SPEEM SPEEM TEC | O KRISTA NG DIVIST BODY OF T MAIL AT H LUDE, BUT ECIFICATT O THE EXH HNICAL QU | FERRELL ON VIA THIS RFQ FERRELL ARE NO ONS, EX | OJECT MUST BE IN THE MAIL AT THE , VIA FAX AT aWVADMIN.GOV. T LIMITED TO: PECTATIONS OF OF THIS SERVI IS FRIDAY, | | |
| | QUESTI FOR A TO THE INCLUD SUBMIT NUMBER | VENDOR BID O E, BUT A BID OF AD | NCERNI 'S BII PENING ARE I | ING TO MAY SOLUTION AND TO LEST | HE ACTUAL BE SUBMI IN ANY I IMITED TO | TTED AT FORMAT. D: WHEN EST VIRG | SION PROCESS ANY TIME PRI THESE QUESTI /WHERE/HOW TO INIA, FORMS, | ONS | |
| | UPON A YEAR O NECESS ORIGIN NOT EX TIME" REASON | F CONT WARD A R UNTI ARY TO AL CON CEED T THE VE | ND EX L SUC OBTA TRACT WELVE NDOR I GIVIN | TENDS H "RE IN A TH (12) | FOR A PI ASONABLE NEW CONTI E "REASOI MONTHS. ERMINATE | ERIOD OF TIME" T RACT OR NABLE TI DURING THIS CO | MES EFFECTIVE ONE (1) HEREAFTER AS RENEW THE ME" PERIOD SH THIS "REASON NTRACT FOR AN CHASING 30 DA | IS ALL ABL Y | |
| | IN THI | S CONT | RACT | DOCUM | | TERMS, | TED ELSEWHERE CONDITIONS AN | | |
| SIGNATURE | <u> (1.606.50), is pel je led</u> | <u>,</u> | | <u> </u> | <u>anna, agas, ustrataban tabbana</u> | TELEPHONE | | DATE | |



MODUMA

RFQ COPY

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

Request for Quotation

CHP76026

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

TYPE NAME/ADDRESS HERE

WEST VIRGINIA CHILDRENS HEALTH INSURANCE PROGRAM SUITE 209 1018 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25301 304-558-6655

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS | | |
|---|--|--|---|---------------|--|--|
| 06/25/2007 | | |] | | | |
| BID OPENING DATE: 07/1 | 1/2007 | BID | OPENING TIME 01 | 1:30PM | | |
| LÎNE QUANTITY | UOP CAT, NO. | ITEM NUMBER | UNIT PRICE | AMOUNT | | |
| PRICING SE CONTRACT. | T HEREIN ARE | FIRM FOR THE LI | FE OF THE | | | |
| WRITTEN CO SUBMITTED DAYS PRIOR BE IN ACCO | NSENT OF THE TO THE DIRECTO THE EXPIRDANCE WITH ONTRACT AND | MAY BE RENEWED SPENDING UNIT A TOR OF PURCHASIN RATION DATE. SU THE TERMS AND CO SHALL BE LIMITED | ND VENDOR, G THIRTY (30) CH RENEWAL SHALL NDITIONS OF THE | | | |
| RIGHT TO C NOTICE TO SUPPLIED A | ANCEL THIS C THE VENDOR I RE OF AN INF | | ELY UPON WRITTEN S AND/OR SERVICES DO NOT CONFORM | | | |
| AUTHORIZE MARKET, WI ESTIMATE, IMMEDIATE CAUSES (INC | A SPENDING UTHOUT THE FI ITEMS SPECIF DELIVERY IN CLUDING BUT | E DIRECTOR OF PUNIT TO PURCHASE LING OF A REQUISIED ON THIS CONTEMERGENCIES DUENT TO DOTATED TO DOTATED TO DOTATED INCREASE | ON THE OPEN ITION OR COST RACT FOR TO UNFORESEEN ELAYS IN TRANS- | · | | |
| APPROXIMATE THE STATE S THAT THE CO ORDERED FOR WHETHER MOR ORDERING PR WRITTEN STA | IONS ONLY, B SPENDING UNI ONTRACT SHAL R DELIVERY D RE OR LESS T ROCEDURE: SPI ATE CONTRACT FOR COMMODI AL COPY OF T | LISTED IN THE R ASED ON ESTIMATES T. IT IS UNDERS L COVER THE QUAN URING THE TERM OF HAN THE QUANTITIE ENDING UNIT(S) SO ORDER (FORM NUM TIES COVERED BY HE WV-39 SHALL BE | S SUPPLIED BY TOOD AND AGREED TITIES ACTUALLY THE CONTRACT, ES SHOWN. HALL ISSUE A BER WV-39) TO THIS CONTRACT. E MAILED TO THE | | | |

FEIN

TELEPHONE 304144.1949

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

10-07



MODUL

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

Request for Quotation

CHP76026

| PAGE | 1 |
|------------|---|
| <u>* 5</u> | |

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

RFQ COPY TYPE NAME/ADDRESS HERE

WEST VIRGINIA CHILDRENS HEALTH
INSURANCE PROGRAM
SUITE 209
1018 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25301
304-558-6655

| DATE PRIN | TED TER | MS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|---------------------------------------|--|--|---|---|---------------|
| 06/25/ | | | | | |
| BID OPENING DATE: | 07/11/ | the second secon | BID | OPENING TIME 01 | :30PM |
| LINE | QUANTITY | UOP CAT | ITEM NUMBER | UNIT PRICE | AMOUNT |
| | | E PURCHASI | N FOR SHIPMENT, NG DIVISION, AND NG UNIT. | | |
| | FOR BANKRUPT | CY PROTECT | ENT THE VENDOR/C ION, THIS CONTRA ND IS TERMINATED | | |
| | SHALL SUPERS CONDITIONS W DOCUMENTS SU | EDE ANY AN HICH MAY A CH AS PRIC R MAINTENA | NS CONTAINED IN D ALL SUBSEQUENT PPEAR ON ANY ATT E LISTS, ORDER F NCE AGREEMENTS, AS CD-ROM. | TERMS AND ACHED PRINTED ORMS, SALES | |
| | REV. 04/11/2 | 001 | | | |
| | | VENDOR PR | EFERENCE CERTIFI | CATE | |
| | PREFERENCE I | N ACCORDAN | ICATION* IS HERE CE WITH WEST VIR Y TO CONSTRUCTIO | GINIA CODE, | |
| | A. APPLICAT REASON CHECK | | E FOR 2.5% PREFE | RENCE FOR THE | |
| | HAS RESIDED | CONTINUOUS MEDIATELY | IVIDUAL RESIDENT LY IN WEST VIRGI PRECEDING THE DA | NIA FOR FOUR | |
| | TION RESIDEN QUARTERS OR | T VENDOR A PRINCIPAL | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | SEE RE | VERSE SIDE FOR TERMS AND CON | IDITIONS | |

Jank Underwood

TELEPHONE 309-744-7949

7-10-07



MODZE

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

RFQ NUMBER CHP76026

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

SHIP

WEST VIRGINIA CHILDRENS HEALTH INSURANCE PROGRAM SUITE 209 1018 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25301 304-558-6655

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F. | O.B. | FREIGHT TERMS |
|---|---|--|--|--|---------------|
| 06/25/2007 | | | | | |
| BID OPENING DATE: | 07/11/2007 | BID | OPENING | TIME 01 | :30PM |
| LINE QUAN | VTITY UOP CAT, | ITEM NUMBER | UNI | TPRICE | AMOUNT |
| INTERE PARTNE WHO HA OF BUS YEARS CERTIF () WHICH I A MINII HAS MA BUSINE | TE OF THIS CERTI ST OF BIDDER IS RSHIP, ASSOCIATI S MAINTAINED ITS INESS CONTINUOUS IMMEDIATELY PREC ICATION; OR BIDDER IS A CORP HAS AN AFFILIATE MUM OF ONE HUNDR INTAINED ITS HEA SS WITHIN WEST V | FICATION; OR 80% HELD BY ANOTHER ON OR CORPORATIO HEADQUARTERS OR LY IN WEST VIRGI EDING THE DATE O ORATION NONRESID OR SUBSIDIARY W ED STATE RESIDEN QUARTERS OR PRIN IRGINIA CONTINUO | INDIVIDU N RESIDE PRINCIP NIA FOR F THIS ENT VEND HICH EMP TS AND W CIPAL PL USLY FOR | AL, AL PLACE FOUR (4) OR LOYS HICH ACE OF THE | |
| CERTIFE B. APPREASON (***) I DURING 75% OF ARE RES THE STA PRECEDIOR | ICATION. PLICATION IS MAD CHECKED: BIDDER IS A RESI THE LIFE OF THE THE EMPLOYEES W SIDENTS OF WEST ATE CONTINUOUSLY ING SUBMISSION OF | , | RENCE FO CERTIFIE ERAGE AT DJECT BE E RESIDE RS IMMED | R THE S THAT, LEAST ING BID D IN IATELY | |
| () E MINIMUM NONRESI WHICH M OF BUSI OF ONE DURING 75% OF SUBSIDI WHO HAV | OF ONE HUNDRED DENT VENDOR WITH ALINTAINS ITS HEAD NESS WITHIN WEST HUNDRED STATE RETHE LIFE OF THE THE EMPLOYEES OF ARY'S EMPLOYEES OF THE RESIDED IN THE | ESIDENT VENDOR EN STATE RESIDENTS AN AFFILIATE OF ADQUARTERS OR PRICE VIRGINIA EMPLOYESIDENTS WHO CERT CONTRACT, ON AVER BIDDERS' AFFILITARE RESIDENTS OF ESTATE CONTINUOLESSIDEFORTERMS AND CONTERNESSIDEFORTERMS AND CONTERNESSI | OR IS A R SUBSIDE INCIPAL IF ING A METITIES TO ERAGE AT EXAMPLE OF WEST VERICAL ISLY FOR | IARY PLACE INIMUM HAT, LEAST R IRGINIA THE TWO | |



RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

CHP76026

| | |
|------------|---|
| PAGE | • |
| 1 7704 | |
| | |
| | |
| 7 | |
| , | |
| | |

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

SH+P +0

WEST VIRGINIA CHILDRENS HEALTH
INSURANCE PROGRAM
SUITE 209
1018 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25301 304-558-6655

FREIGHT TERMS TERMS OF SALE SHIP VIA F.O.B. DATE PRINTED 06/25/2007 BID OPENING DATE: <u>01:30P</u>M 07/11/2007 BID OPENING TIME CAT. UOP UNIT PRICE AMOUNT QUANTITY ITEM NUMBER LINE YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID. BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF (A) RESCIND THE CONTRACT OR PURCHASE PURCHASING TO: ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER. BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL. UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY. BIDDER: The Partie Puse, Ilil DATE:

TELEPHONE

304- M

DATE

<u> 1-10-07</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS



MODZE

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

RFQ NUMBER CHP76026

| ٠. | | ī | 17 | | - | • | ٠ | • | |
|----|-----|------|----|---|----|---|---|---|---|
| 9 | 100 | 0.00 | - | _ | Ξ. | | | | į |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | _ | | | | |
| | | | | | | r | | | |

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

WEST VIRGINIA CHILDRENS HEALTH INSURANCE PROGRAM SUITE 209 1018 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25301 304-558-6655

7-10-07

ADDRESS CHANGES TO BE NOTED ABOVE

| DATE PRINTED | TERMS OF | SALE | SHIPVIA | F.O.B. | FREIGHT TERMS |
|--------------------------|--|----------------------------|--|------------------------------|---|
| 06/25/2007 | | | | | <u>alian di sala di Sala di Salah Salah di Salah</u> |
| BID OPENING DATE: | 07/11/200 | 7 | BID | OPENING TIME 0 | 1:30PM |
| LINE QU | ANTITY UO | CAT. NO. | TEM NUMBER | UNIT PRICE | AMOUNT |
| | | SIGNE | D: Sarder Un. | derwood | |
| | | TITLE | · View Presedent | | |
| IN EI ARE EI MAXIM | THER "A" O | R "B", RECEIV | OR BOTH "A" AND E. YOU MAY REQU FOR BOTH "A" AND | EST UP TO THE | |
| I F B | DEPARTMENT PURCHASING BUILDING 1 | OF ADM DIVISI GTON S | TREET, EAST | | |
| THE BI THE EN | IVELOPE OR | CONTAIN THE BI | THIS INFORMATIO D MAY NOT BE CON | N ON THE FACE OF SIDERED: | |
| BUYER: | | k | (RISTA FERRELL-F | ILE 21 | |
| RFQ. N | | | CHP76026 | | |
| BID OP | ENING DATE | | 07/05/2007 ERSE SIDE FOR TERMS AND CON | DITIONS IDATE | |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

Request for Quotation

CHP76026

| 300 | PAGE |
|-----|------|
| | |
| - | 9 |

ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

RFQ COPY TYPE NAME/ADDRESS HERE

WEST VIRGINIA CHILDRENS HEALTH
INSURANCE PROGRAM
SUITE 209
1018 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25301 304-558-6655

| DATE PRIN | TED | TER | MS OF SALE | | SHI | PVIA | . Para Para Para Para Para Para Para Par | .O.B. | FREIGHT TERMS |
|-------------------|--------|--------|-------------------|-------------|---------------|---------------------|--|---------------------|-------------------|
| 06/25/ | 2007 | | | | | | | | |
| BID OPENING DATE: | | 07/11/ | 2007 | | | BID | OPENING | TIME 01 | :30PM |
| LINE | QUAI | YTITY. | UOP | CAT. NO. | ITEM N | IUMBER | ÜN | IT PRICE | AMOUNT |
| | BID OP | ENING | TIME: | | 1:30 | PM · | | | |
| | то сом | TACT Y | | ARDI | NG YOUR | CASE IT BID: | IS NEC | ESSARY | |
| | ĺ | _ | . 1 | | PRINT C | LEARLY): | | | |
| | **** | THIS | IS TH | E ENI | O OF RFQ | CHP76 | 026 *** | *** TO TA L: | 45,523." |
| , | | | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | SEE REVI | ERSE SIDE FOR | TERMS AND CON | | | |
| SIGNATURE 71 a | Canal | , | ,,- <u>,-</u> ,,, | | | TELEPHONE 304-54 | 4.1949 | DATE 7 | ·(O-67 |
| TILE Vis Pies | ede.t. | FE | N 55-267 | 7817 | | , ~ () (| | | TO BE NOTED ABOVE |

| Dirac Ship to Calle Plus Monthly Charges Charges Charges | 48825 752850 | 058ESY 2E88h | 155.00 235300 | 1421 127000 | 15500 2.353.co | | 25.00 39000 |
|--|--|---|---|---|---|---|--|
| Direct Ship to Climy Kittle Climy Kittle @WV Vendor/Bulk Hospital to Chilp Mailing/. One Association | 6000 par in the Ship August 2007 time Ship | 6000 par quarter quarter Estragin 6,000. One August 2007 time ship | 1000 per orcor Shipped avery 2 | 5,000 - Orași films ship | 1000 par 1000 par 1000 par 100 | 800 X 12 800 X 12 months = 9500 : 2,400 8hipped 300 One direct every Time Ship quarter. | dusenin duestin |
| Spoincations | ormational Silde Guides Must be printed with one for imprint which includes WY CHIP Logo, Hop line one furnible & website address. Box in Sundles of | Informational Stide Guides: Must be printed with one color imprint which includes WV CHP Logo. Help line Rhome Number is website address: Box in Bundles of 60. | Must be printed with one color imprint which the problems website address. Box in Burdles of 60 | Must be printed with one color imprint which includes WV CHP Logo-Help line Phone Number & website address. Box in Bundles of 60. | Must be printed with one color imprint which includes WY CriP Logo, help line Phone Number & website address: Box in Burides of 60. | 11" x 17" paper 50# offset - printed on both sides, saddle stitched , tabs - per USPS Regulations. Two quotes, full color and two color. Pancose with cmtx + spot.Graphics, Photos and Text, Rubberband in bundles of 25. Pages: 65 minimum - WV CHP will supply. | 8.6 X 11 White - English Full Color on both sides, 100# Gloss text weight sheet. Aqueous coated on both sides. Full Colors/ Full Colors CMYK + Spot. Graphcs/Photo/Text. Wrap in stacks of 1100. |
| Oci Name | ABC'S Baby Care | ini 60 60 60 1st Aid for Children | Microsoft Books: Learning Good Health Habits 5000 | Cryons : 4 pack toox | Fitness Artivity Book: Fitness is Fun. | 11 Summary Plan Descriptions(SPD) 25,400 11 | 8.8 8.0 5.0 CM Immunization/Frevention Fiyer 500 35 |