



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

**Solicitation**

NUMBER  
 CME14048

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

REQ COPY

Mission Medical Supply  
 556 Industrial Way West  
 Eatontown, NJ 07724

S.P.I.T.O.

HEALTH AND HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865

DATE PRINTED  
 07/02/2013

BID OPENING DATE: 08/13/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UQP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2,000	EA		475-00-99-001		\$8,000
				BODY BAGS, PERNATAL 12 X 18 INCHES		
				*Medline Non Frostowm 18"x28" 120 cs of 30	\$4 each	
0002	2,000	EA		475-00-99-001		\$8,000
				BODY BAGS, INFANT 22 X 30 INCHES		
0003	2,000	EA		475-00-99-001		\$17,560
				BODY BAGS, CHILD 36 X 60 INCHES		
				Medline Non 60540W 36"x96"	\$8.78 ea	
					\$87.84 cs of 10	
0004	2,000	EA		475-00-99-001		\$17,560
				BODY BAGS, ADULT LARGE 36 X 94 INCHES		
0005	2,000	EA		475-00-99-001		\$22,940
				BODY BAGS, ADULT X-LARGE 48 X 100 INCHES		
				medline Non 80540W 48"x91"	\$11.47 ea	
					\$114.75 cs of 10	

08/13/13 09:51:26 AM  
 West Virginia Purchasing Division

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ FEIN \_\_\_\_\_ ADDRESS CHANGES TO BE NOTED ABOVE

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



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**Solicitation**

NUMBER	PAGE
CME14048	2
ADDRESS CORRESPONDENCE TO ATTENTION OF:	
ROBERTA WAGNER	
304-558-0067	

RFQ COPY  
 TYPE NAME/ADDRESS HERE

RFQ COPY

SOLICITATION

HEALTH AND HUMAN RESOURCES  
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BID OPENING DATE: 08/13/2013

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0006	1,500	EA		475-00-99-001	<del>\$31.55 ea</del> \$157.73 ea	\$47,325
<p><i>med) ne Non 805 you 36" x 96"</i></p> <p>BODY BAGS, ADULT LARGE - HEAVY DUTY 36W X 94L X 72</p> <p>OPEN END CONTRACT TO PROVIDED BODY BAGS AS SPECIFIED ON THE ATTACHED.</p> <p>A YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p>						
***** THIS IS THE END OF RFQ					CME14048 *****	TOTAL: \$121,385

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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PRICING PAGE - CME14048

Item #	Annual Estimated Quantity	Body Bag Sizes	Unit Price	Extended Price
#1	20	Prenatal } Infant }	\$4.00 ea	8,000.-
#2	75		\$4.00 ea	8,000.-
#3	50	Child } Adult Large }	\$8.98 ea	17,560.-
#4	2,550		\$8.98 ea	17,560.-
#5	180	Adult X Large	\$12.74 ea	22,940.-
#6	75	Adult Large Heavy Duty	\$31.55 ea	47,325.-
			<b>Overall Total</b>	<b>\$121,385.-</b>

**\*\*THIS IS AN OPEN-ENDED PURCHASE PER THE REQUIRED SPECIFICATIONS HEREIN.**

**\*\*CONTRACT WILL BE AWARDED TO THE VENDOR THAT PROVIDES THE CONTRACT ITEMS MEETING THE REQUIRED SPECIFICATIONS FOR THE LOWEST OVERALL TOTAL BID PRICE.**

Vendor Name: Mission Medical Supplies LLC

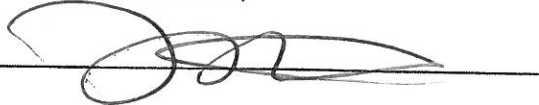
Vendor Address: 556 INDUSTRIAL WAY WEST  
EATONTOWN, NJ 07724

Vendor Telephone Number: 732-686-9269

Vendor Fax Number: 732-663-3197

Vendor Email: marshaC@mdsupplies.com

Vendor Authorized Representative: MARSHA COHEN  
(Please Print)

Vendor Authorized Representative Signature: 

Date: 8/9/13

REQUEST FOR QUOTATION  
CME14048 - Body Bags

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**7. MISCELLANEOUS:**

- 7.1 **No Substitutions:** Vendor shall supply only Contract Items submitted in response to the RFQ unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 7.2 **Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 7.3 **Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 7.4 **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract 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: MARSHA COHEN  
Telephone Number: 332-666-9269  
Fax Number: 332-662-3197  
Email Address: marshac@mdsupplier.com

Rev. 07/12

# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of 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 Purchasing to: (a) reject the bid; 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 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: MISSION MEDICAL SUPPLIES Signed: [Signature]  
 Date: 8/9/13 Title: Director of Sales

RFQ No. CME14048

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** 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 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: MISSION MEDICAL Supplies LLC

Authorized Signature: [Signature] Date: 8/9/13

State of NEW YORK

County of ALBANY, to-wit:

Taken, subscribed, and sworn to before me this 12<sup>th</sup> day of August, 2013

My Commission expires \_\_\_\_\_, 20\_\_.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

*Purchasing Affidavit (Revised 07/01/2012)*

MAYA R. NESSER  
NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXPIRES MAY 11, 2014

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Mission Medical Supplies LLC

(Company)



(Authorized Signature)

MARSHA COHEN - DIRECTOR of SALES

(Representative Name, Title)

(732) 686 9269 (732) 662 3197

(Phone Number)

(Fax Number)

8/9/13

(Date)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:** CME14048

**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)

- Addendum No. 1                       Addendum No. 6
- Addendum No. 2                       Addendum No. 7
- Addendum No. 3                       Addendum No. 8
- Addendum No. 4                       Addendum No. 9
- Addendum No. 5                       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.

Mission Medical Supply  
 \_\_\_\_\_  
 Company  
  
 \_\_\_\_\_  
 Authorized Signature  
 8/9/13  
 \_\_\_\_\_  
 Date

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