



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

**Solicitation**

NUMBER
DRS140356

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
EVELYN MELTON 304-558-7023

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

*SEK ASSOCIATES  
 7745 W. 80th ST  
 Playa del Rey, CA  
 90293*

SHIP TO

DIV OF REHABILITATION SERVICES  
 VARIOUS LOCALES AS  
 INDICATED BY ORDER

DATE PRINTED
05/01/2014

BID OPENING DATE: 06/03/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ DRS140356 ***** TOTAL:						<u>26600</u>
05/29/14 09:40:09AM 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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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
THE WEST VIRGINIA PURCHASING DIVISION IS SOLICITING BIDS ON BEHALF OF THE WV DIVISION OF REHABILITATION SERVICES, GOVERNMENTAL AND PUBLIC RELATIONS SECTION TO ESTABLISH A CONTRACT FOR THE ONE TIME PURCHASE OF PROMOTIONAL ITEMS PER THE ATTACHED SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS.						
0001	14,000	EA		578-84	.85	11900
	STRESS BALL					
0002	14,000	EA		578-84	.30	4200
	STYLUS INK PEN					
0003	35,000	EA		578-84	.30	10500
	THERMOCHROMIC PENCIL					

SIGNATURE	TELEPHONE 3105697354	DATE 5/15/14
TITLE Owner	FEIN 198360907	ADDRESS CHANGES TO BE NOTED ABOVE

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

REQUEST FOR QUOTATION  
DRS140356 PROMOTIONAL ITEMS

PRICING PAGE

Item	Qty.	Description	Unit Cost	Extended Cost
3.1.1	14,000	Stress Ball		
3.1.2	14,000	Stylus Ink Pen		
3.1.3	35,000	Thermochromic Pencil		
		TOTAL		

Basis of Award:


Award shall be made to the lowest bid Grand Total Vendor meeting specifications.

Vendor: S & K ASSOCIATES

Address: 7745 W. 80th St  
Playa del Rey, CA 90293

Phone: 310 569 7354

Fax: 310 827 7354

Signature: 

Date: 5/16/14

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: DRS140356**

**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 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.

*S & K AS SOCIATES*  
\_\_\_\_\_  
Company

*[Signature]*  
\_\_\_\_\_  
Authorized Signature

*5/16/14*  
\_\_\_\_\_  
Date

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

**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.

SEK ASSOCIATES

(Company)

AKD

(Authorized Signature)

Owner

(Representative Name, Title)

3105687354

(Phone Number)

3108277354

(Fax Number)

5/16/14

(Date)

RFQ No. DRS140356

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: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: 5/27/14

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires Nov 4, 2017, 20\_\_.

**AFFIX SEAL HERE**

State of California County of

Los Angeles

Subscribed and sworn to (or affirmed)

Before me on this 27 day of May, 2014 by

Alan J. Krieger

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_

Renu K. Ahluwalia (Seal)

**NOTARY PUBLIC** \_\_\_\_\_

Purchasing Affidavit (Revised 07/01/2012)

