



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

Solicitation

NUMBER
MCH14071

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
CONNIE OSWALD 304-558-2157

VENDOR

EMED MEDICAL CO.
 12163 BRIDGETON SQ. DRIVE
 BRIDGETON, MO 63044

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED
07/24/2013

BID OPENING DATE: 08/20/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1,500	CS	270-19	CONDOMS, LUBRICATED NON-LATEX	500 -	750000 -
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH & HUMAN RESOURCES (DHHR), BUREAU FOR PUBLIC HEALTH, OFFICE OF MATERNAL, CHILD & FAMILY HEALTH REQUEST A QUOTE TO PROVIDE AN OPEN-END CONTRACT FOR LUBRICATED NON-LATEX CONDOMS PER THE ATTACHED SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS.</p> <p>BID OPENING: AUGUST 20, 2013 AT 1:30 PM</p> <p>08/20/13 02:55:18 PM West Virginia Purchasing Division</p> <p>REQUIREMENTS: -100% NON-LATEX -MINIMUM THICKNESS OF 8 MICRO-METERS -LUBRICATED WITH A MINIMUM OF 350 AND MAXIMUM OF 500 MG WATER-BASED LUBRICATED -MINIMUM OF 18 LITERS AT 1.0 KILOPASCALS PRESSURE AIR BURST VOLUME BEFORE AND AFTER OVEN CONDITIONING -MAXIMUM LEAKAGE OF 0.25 ACCEPTABLE QUALITY LEVEL -INDIVIDUALLY PACKAGED IN IMPERMEABLE FLEXIBLE ALUMINUM FOIL -SEPARATED BY PERFORATIONS IF PROVIDED IN STRIPS -MINIMUM EXPIRATION DATE OF FIVE (5) YEARS AT TIME OF SHIPMENT -CONDOM PACKAGE LABELED WITH LOT #, MANUFACTURER NAME, AND EXPIRATION DATE -MINIMUM OF 1,000 AND MAXIMUM OF 1,044 CONDOMS PER CASE -CASE LABELED WITH MANUFACTURER NAME, MANUFACTURE DATE, LOT #, AND EXPIRATION DATE</p>						

BID RECEIVED LATE

BUYER Robert C. West

WITNESS Connie Oswald

DISQUALIFIED

SIGNATURE <u>Robert C. West</u>	TELEPHONE <u>314 739 6815</u>	DATE <u>8/19/13</u>
TITLE <u>Contract Mgr</u>	FEIN <u>43-1860940</u>	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, 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

Solicitation

NUMBER
MCH14071

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
CONNIE OSWALD 304-558-2157

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED
07/24/2013

BID OPENING DATE: 08/20/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MCH14071 ***** TOTAL:						<u>750,000</u>

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

REQUEST FOR QUOTATION
MCH14071 NON-LATEX CONDOMS

Contract Manager: Seton G Booker
Telephone Number: 314 739 6815
Fax Number: 314 344 4303
Email Address: tbooker@omaomedical.com

PRICING PAGE – MCH14071

Item	Estimated Annual Quantity ¹	Description	Unit Bid Price ²	Total Bid Price
1	1,500 cases	LUBRICATED NON-LATEX CONDOMS (3.1.1) Requirements: - 100% non-latex - minimum thickness of 8 micro-meters - lubricated with a minimum of 350 mg and maximum of 500 mg water-based lubricant - minimum of 18 liters at 1.0 kilopascals pressure air-burst volume before and after oven conditioning - minimum leakage of 0.25 acceptable quality level - individually packaged in impermeable flexible aluminum foil - separated by perforations if provided in strips - minimum expiration date of five (5) years at time of shipment - condom package labeled with Lot #, manufacturer name, and expiration date - minimum of 1,000 and maximum of 1,044 condoms per case - case labeled with manufacturer name, manufacture date, Lot #, and expiration date.	500	750,000
TOTAL BID PRICE:				750,000

¹ Estimated Annual Quantity: Estimate of the number of cases (1,000 – 1,044 condoms per case) of condoms FPP will order annually.

² Unit Bid Price: Cost vendor will charge for each case (1,000 – 1,044 condoms per case) of lubricated non-latex condoms for the entire term of the contract regardless of quantities ordered annually.

Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total as shown on the Pricing Pages.

Vendor Name: EmedMedical

Vendor Address: 12163 Bridgeton Sq Dr

Vendor Telephone #: 314.739.6815

Vendor Fax #: 314.344.4303

Email Address: hbooker@emedmed.cal.com

Remit To Address: 12163 Bridgeton Sq Dr
Bridgeton, MD 21614

Printed Name: Stephens Bookler

Signature: 

Date: 8/19/13

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: _____ Signed: _____

Date: _____ Title: _____

RFQ No. MCH14071

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: Emed Medical
Authorized Signature: [Signature] Date: 8/19/13

State of MO
County of St. Louis, to-wit:

Taken, subscribed, and sworn to before me this 19 day of August, 2013
My Commission expires 7/22, 2017

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)



SATONYA L. BOOKER
My Commission Expires
July 22, 2017
St. Louis County
Commission #13841226

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.

Emmed Medical

(Company)

Satonya Boder

(Authorized Signature)

Satonya Boder Contract Mgr

(Representative Name, Title)

31473910815

(Phone Number)

3143144303

(Fax Number)

8/19/13

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MCH14071

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.



 Company


 Authorized Signature
 8/19/13

 Date

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