



1115 20th Street, Suite 200 Huntington, West Virginia 25703 Phone: (304) 691-1500 Fax: (304) 523-4358

Website: MarshallHealth.org

Fax

To:	WV Purchasing Division-Bid Clerk	From:	Marshall Health	
Fax:	304-558-3970	Pages:	15	
Phone:		Date:	12/10/2015	
Re:	CRFQ 0506 MMB1600000005	cci		

Comments: Attached bid for CRFQ 0506 MMB1600000005



CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and privileged information intended only for the addressee. If you are not the addressee, any review, disclosure, use, dissemination or disclosure of this information by you is prohibited. If you have received this transmission in error, please delete it, destroy all copies, and notify me at 304-691-1500. Thank you.



Marshall Psychiatry 1115 20th Street, Suite 205 Huntington, WV 25703 Tel: 304-691-1500; 1-877-691-1600 Fax: 304-523-4358

DESCRIPTION OF SERVICES TO BE PROVIDED

Marshall Health, will provide Mildred Mitchell-Bateman Hospital's (MM-BH) open end "Locum Tenens" Psychiatric Physician, licensed to practice in the State of West Virginia, to provide coverage in the acute, sub-acute (including geriatric patients) and forensic units at MMBH. Marshall Health will provide the "Locum-Tenens" Board Certified Psychiatric Physician and a Certified Psychiatric-Mental Health Nurse Practitioner, according to a pre-determined schedule, beginning on-or around January 1, 2016. This schedule typically would be mornings Monday through Friday (5 days per week) from 8AM and 12noon, with the psychiatrist "on standby" from noon until the on-call schedule would begin for MM-BH. On call coverage would be expected to be approximately 3 week nights per month and no more than one weekend per month.

Marshall Health will monitor, assure and document the competency of the staff assigned to provide the aforementioned services to Mildred Mitchell-Bateman Hospital (MMBH) and will provide documentation of such, when requested.

Marshall Health's Psychiatric Physicians and/or Nurse Practitioners will lead treatment teams for all assigned patients, do consultations, and perform physical examinations when needed, document in EHR systems as appropriate.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will perform and dictate initial psychiatric evaluations upon new patient admission, refer patients to other disciplines if clinically indicated, create progress notes, perform medication reviews, assess and document mental status, and generate any other reports as needed per Medical Staff rules in the EHR or as a free standing document as required.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will provide psychiatric consultation when requested, generate, read, review and dictate discharge summaries, testify in patient commitment hearings or other legal matters when needed.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will meet with family members and other individuals designated and approved by the patient and hospital both in person and via telephone regarding patient status.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will attend internal and external meetings, as required, and will arrive and be ready to work at the designated/scheduled time.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will be within forty-five (45) minutes of MMBH during all hours billed as "standby" hours in order to be able to respond to any emergency that may arise.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will apply and become credentialed and privileged by the hospital prior to starting work at the facility.

Marshall Health's Psychiatric Physician and/or Nurse Practitioners will make rounds among the patients and provide services as scheduled, and will be present when scheduled and available "on-call" at times scheduled by the Clinical Director.

Marshall Health will ensure that its provision of services under this agreement comply with the standards set forth by all regulatory agencies, including the TJC, by demonstrating, through the credentialing and privileging process, and through the oversight of care, treatment and services provided through contractual agreement as required by The Joint Commission Standard LD.04.03.09. This standard states the expectations that leaders set for the performance of contracted services should reflect basic principles of risk reduction, safety, staff competence, and performance improvement.



Purchasing Divisor 2019 Washington Street East Post Office Box 50139 Charleston, WV 25305-0130 State of West Virginia Request for Quotation 34 — Service - Prof

Proc Folder: 134412

DOC DESCRIPTION: LOCUM TENENS PSYCHIATRIC PHYSICIANS AND NURSE PRACTITIONERS

Proc Type: Cantral Master Agreement

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HID RECEIVING LOCATION: -

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

W

25305

2000

US

VERTICAL

Vendor Name, Address and Telephone Number:

Marshall Health 1001 10th Avenue Huntington, WV 25701 304-691-1650

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-2566 april,e.battle@wv.gov

Signature X

FEIN S

55-0564945

DATE 12/10/2015

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

PROCUREMENT OFFICER - 304-525-7801

HEALTH AND HUMAN RESOURCES

MILDRED MITCHELL - BATEMAN HOSPITAL

PO BOX 448

HUNTINGTON

WV25709

PROCUREMENT OFFICER - 304-525-7801

HEALTH AND HUMAN RESOURCES

MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HUNTINGTON

WV 25705

US

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	Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
•	1	PSYCHIATRIC PHYSICIAN HOURLY RATE	2080,00000	HOUR	205.00	426,400.00

Comm Code	Manufacturer	Specification	Model #	
85101604				
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Extended Description:

SECTION 2.1.1 PSYCHIATRIC PHYSICIAN HOURLY RATE. BASE HOURLY RATE*NOT TO BEYOND FORTY (40) HOURS. NOT HOLIDAY HOURS*NOT STANDBY HOURS

PROCUREMENT OFFICER - 304-525-7801
HEALTH AND HUMAN RESOURCES

MILDRED MITCHELL - BATEMAN HOSPITAL

PO BOX 448

US

HUNTINGTON

WV25709

PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES

MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HUNTINGTON

WV 25705

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	PSYCHIATRIC PHYSICIAN	520.00000	HOUR	\$307.50	\$159,900.00

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Comm Code	Manufacturer	Specification	Model #	
85101604	•			

Extended Description:

SECTION 2.1.2 PSYCHIATRIC PHYSICIAN OVERTIME HOURLY RATE*HOURS IN EXCESS OF FORTY (40) BASE RATE HOURS PER WEEK.

PROCUREMENT OFFICER - 304-525-7801
HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL - BATEMAN HOSPITAL

PO BOX 448

HUNTINGTON

US

WV25709

PROCURÉMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HUNTINGTON

WV 25705

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price	
3	PSYCHIATRIC PHYSICIAN STANDBY HOURLY RATE	75.00000	HOUR	\$50.00	\$3,750.00	

Comm Code	Manufacturer	Specification	Model #	
85101604				_

Extended Description:

SECTION 2.1.3 PSYCHIATRIC PHYSICIAN STANDBY HOURLY RATE*AMOUNT PAID PER HOUR FOR THE AVAILABILITY OF PSYCHIATRIC PHYSICIAN(S).*RATE WILL BE BILLABLE FOR ANY HOUR THE PHYSICIAN(S) IS REQUESTED TO BE "ON-CALL". INCLUDES ANY HOURS AFTER "ROUTINE" SHIFT, OVERNIGHT AND WEEKENDS.

PROCUREMENT OFFICER - 304-525-7801	PROCUREMENT OFFICER - 304-525-7801		
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES		
MILDRED MITCHELL - BATEMAN HOSPITAL	MILDRED MITCHELL-BATEMAN HOSPITAL		
PO BOX 448	1530 NORWAY AVE		
HUNTINGTON WV25709	HUNTINGTON WV 25705		
US	us		

Line.	Comm Ln Desc	aty	Unit Issue	Unit Price	Total Price	
4	PSYCHIATRIC PHYSICIAN HOLIDAY STANDBY HOURLY RATE	100.00000	HOUR	\$75.00	\$7,500.00	
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Comm Code	Manufacturer	Specification	Model #	
85101604				

Extended Description:

SECTION 2.1.4 PSYCHIATRIC PHYSICIAN*AMOUNT PAID PER HOUR FOR THE AVAILABILITY OF PSHYCHIATRIC PHYSICIAN(S).*RATE WILL BE BILLABLE FOR ANY HOUR THE PHYSICIAN(S) IS REQUESTED TO BE "ON-CALL" DURING THE HOLIDAYS SET FORTH IN SECTION 1 AND SECTION 2.1.4.1 IN THE SPECIFICATIONS.

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PO BOX 448		1530 NORWAY AVE			
HUNTINGTON	WV25709	HUNTINGTON	WV 25705		
US		US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	PSYCHIATRIC PHYSICIAN HOLIDAY HOURLY RATE	80.00000	HOUR	\$307.50	\$24,600.00

Comm Code	Manufacturer	Specification	Model #	
85101604				
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Extended Description:

SECTION 2.1.5 PSYCHIATRIC PHYSICIAN*HOLIDAY RATE, NOT BEYOND FORTY (40) HOURS.*NOT HOLIDAY*NOT STANDBY

PROCUREMENT OFFICER - 304-525-7801

HEALTH AND HUMAN RESOURCES

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HEALTH AND HUMAN RESOURCES

MILDRED MITCHELL-BATEMAN HOSPITAL

HUNTINGTON

1530 NORWAY AVE

WV 25705

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	PSYCHIATRIC PHYSICIAN PERMANENT PLACEMENT	1.00000	EA	\$20,000.00	\$20,000.00

Comm Code	Manufactureг	Specification	Model #	
85101604				

Extended Description:

SECTION 2.1.6 PSYCHIATRIC PHYSICIANPERMANENT PLACEMENT FEE*ONE TIME FEE PER EACH (IF ANY) PERMANENTLY PLACED PHYSICIAN(S) BY VENDOR.**THIS FEE WILL NOT BE CONSIDERED IN THE EVALUATION AND AWARD OF THIS CONTRACT.

PROCUREMENT OFFICER - 304-525-7801
HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL - BATEMAN HOSPITAL

PO BOX 448

HUNTINGTON

US

WV25709

PROCUREMENT OFFICER - 304-525-7801
HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HUNTINGTON

WV 25705

Li	ine Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	NURSE PRACTITIONER HOURLY	2080.00000	HOUR	\$155.00	\$322,400.00

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Comm Code	Manufacturer	Specification	Model #	
85101604				

Extended Description:

SECTION 2.1.7 NURSE PRACTITIONER HOURLY RATE*BASE HOURLY RATE*NOT BEYOND FORTY (4) HOURS*NO HOLIDAY HOURS*NO STANDBY HOURS

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PO BOX 448		1530 NORWAY AVE	
HUNTINGTON	WV25709	HUNTINGTON	WV 25705
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	NURSE PRACTITIONER OVERTIME HOURLY RATE	520.00000	HOUR	\$232.50	\$120,900.00

Model # Specification Manufacturer Comm Code 85101604

Extended Description:

SECTION 2.1.8 NURSE PRACTITIONER OVERTIME HOURLY RATE*HOURS IN EXCESS OF FORTY (4) HOURS PER WEEK.

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PO BOX 448		1530 NORWAY AVE			
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	NURSE PRACTITIONER STANDBY HOURLY RATE	75.00000	HOUR	\$35.00	\$2,625.00
[00-	Manufactura	Specification		Model #	

Comm Code Manufacture	Specification	Model #
85101604		

Extended Description:

SECTION 2.1.9 NURSE PRACTITIONER STANDBY HOURLY RATES AMOUNT PAID PER HOUR FOR THE AVAILABILITY OF NURSE PRACTITIONER RATE WILL BE BILLABLE FOR ANY HOUR THE NURSE PRACTITIONER IS REQUESTED TO BE "ON-CALL", INCLUDES ANY HOURS AFTER "ROUTINE" SHIFT, OVERNIGHTS AND WEEKENDS.

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PO BOX 448		1530 NORWAY AVE		
HUNTINGTON	WV25709	HUNTINGTON	WV 25705	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	NURSE PRACTITIONER STANDYBY HOLIDAY HOURLY	100.00000	HOUR	\$52.50	\$5,250.00

Comm Code	Manufacturer	Specification	Model #	
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SECTION 2.1.10 NURSE PRACTITIONER STANDBY HOLIDAY HOURLY RATE"AMOUNT PAID PER HOUR FOR ANY HOUR THE AVAILABILITY OF NURSE PRACTITIONER IS REQUESTED TO BE "ON-CALL", DURING THE HOLIDAY SET FORTH IN SECTION 1 AND **SECTION 2.1.4.1**

PROCUREMENT OFFICER - 304-525-7801	PROCUREMENT OFFICER - 304-525-7801
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PO BOX 448	1530 NORWAY AVE
HUNTINGTON WV25709	HUNTINGTON WV 25705
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	NURSE PRACTITIONER HOLIDAY HOURLY RATE	80.00000	HOUR	\$232.50	\$18,600.00
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Cornm Code	Manufacturer	Specification	Model #	
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SECTION 2.1.11 NURSE PRACTITIONERHOLIDAY HOURLY RATE*HOLIDAY RATE, NOT BEYOND FORTY (40) HOURS.*NOT BASE*NOT STANDBY

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PO BOX 448	Ж	1530 NORWAY AVE	
HUNTINGTON	WV25709	HUNTINGTON	WV 25705
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	NURSE PRACTITIONER PERMANENT PLACEMENT FEE	1.00000	EA	\$10,000.00	\$10,000.00

Comm Code	Manufacturer	Specification	Model #	
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Extended Description:

SECTION 2.1.12 NURSE PRACTITIONER PERMANENT PLACEMENT FEE*ONE TIME FEE PER (IF ANY) NURSE PRACTITIONER(S) PLACED BY VENDOR.

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<u>Line</u>	<u>Event</u>	Event Date
1	TO Due	2015-11-27

	Document Phase	Document Description	Page 7
MMB1600000005	Final	LOCUM TENENS PSYCHIATRIC PHYSI	of 7
		CIANS AND NURSE PRACTITIONERS	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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Note: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. Physician housing should be included in the vendor's fee. If the vendor has additional charges they wish to be reimbursed for, the vendor must include the charges in the vendor's fee or they will not be allowed. There will be no minimum number of weeks per assignment.

	Quantity	<u>Description</u>	Unit Cost	Total Extended Cost
2.1.1	2080 hours	Psychiatric Physician hourly rate *Base hourly rate, not beyond forty (40) hours, not holiday or "standby"	\$	\$426,400.00
2.1.2	520 hours	Psychiatric Physician Overtime hourly rate *Hours in excess of forty (40) base rate hours per week	\$	\$
2.1.3	75 hours	Psychiatric Physician "standby" hourly rate *Amount paid per hour for the availability of Psychiatric Physicians. Rate will be billable for any hour the physician is requested to be "on-ca and weekends.	\$50.00 \$ Il", includes any hour	\$s after "routine" shift, overnight,
2.1.4	100 hours	Psychiatric Physician holiday "standby" hourly rate *Amount paid per hour for the availability of Psychiatric Physicians. Rate will be billable for any hour the physician is requested to be "on-cal Section 2.1.4.1 in the specifications	\$	\$ 7,500.00 s set forth in Section 1 and
2.1.5	80 hours	Psychiatric Physician holiday hourly rate *Holiday rate, not beyond forty (40) hours, not base, not "standby"	\$	\$
		Psychiatric Physicians Grand Total		622,150.00 (A)
2.1.6	Psychiatric Pl **This fee wi	hysician Permanent Placement Fee: \$, one-time fee per each and award of this contract.	ch (if any) permanentl	
2.1.7	2080 hours	Nurse Practitioner hourly rate *Base hourly rate, not beyond forty (40) hours, not holiday or "standby"	\$155.00	\$322,400.00
2.1.8	520 hours	Nurse Practitioner Overtime hourly rate	\$	\$120,900.00

2,625.00

5,250,00

18,600,00

469,775.00

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CRFQ 0506 MMB1600000005

*Hours in excess of forty (40) base rate hours per week

2.1.9 75 hours Nurse Practitioner "standby" hourly rate

*Amount paid per hour for the availability of Nurse Practitioner.

Rate will be billable for any hour the Nurse Practitioner is requested to be "on-call", includes any hours after "routine" shift,

overnight, and weekends.

2.1.10 100 hours Nurse Practitioner "standby" holiday hourly rate

*Amount paid per hour for the availability of Nurse Practitioner.

Rate will be billable for any hour the Nurse Practitioner is requested to be "on-call", during the holidays set forth in Section 1

and Section 2.1.4.1 in the Specifications.

2.1.11 80 hours Nurse

FAX 304

12/10/2015 THU 10: 35

Nurse Practitioner holiday hourly rate

*Holiday rate, not beyond forty (40) hours, not base, not "standby"

Nurse Practitioner Grand Total

s 1,091,925.00

35.00

52.50

232.50

OVERALL GRAND TOTAL (A + B)

2.1.12 Nurse Practitioner Permanent Placement Fee: \$\frac{10,000.00}{\text{**This fee will not be considered in the evaluation and award of this contract.}} \text{, one-time fee per each (if any) permanently placed physician by vendor.}

**The number of hours is only an estimate to be used for the bid, we may require more/less hours than stated above.

This shall be a progressive award and will be made according to each qualifying vendor's bid response and lowest costs. Low bid will be designated as "A"; next lowest bid will be "B", and so on. Agency will contact vendor "A" first to provide their needs, if vendor "A" cannot provide services, agency will go to vendor "B" and so on.

Split awards will be considered should the vendor only be able to provide Psychiatric Physician and not the Nurse Practitioner or if they are only able to provide Nurse Practitioner and not the Psychiatric Physician.

RECEIVED TIME

Pricing Page
CRFQ 0506 MMB1600000005
Marshall Health
Vendor Name and Purchase Order Address
Marshall Health 1001 10th Avenue, HUntington, WV 25701

Vendor Name and Remit-To Address
304-691-1650
straub3@marshall.edu

Telephone
Fax
E-mail

John M. Straub, CFO

Vendor Authorized Representative (Printed)
Vendor Authorized 'Representative (Signature)
Date

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Marshell Health
(Company)

(Authorized Signature) (Representative Name, Title)

304-691-1724 11/12/15 (Phone Number) (Fax Number) (Date)

Revised 10/27/2015

WV-10 Approved / Revised 08/01/15

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §SA-3-37. (Does not apply to construction contracts). **West Virginia Code**, §SA-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 Vendor Preference, if applicable.

	Application is made for 2.5% vendor preference Bildder is an individual resident vendor and has resident	e for the reas led continuous	ion check ily in West	eu: Virginia for tour (4) years immediatel)	preced-
	ing the date of this certification; or, Bidder is a partnership, association or corporation re- business continuously in West Virginia for four (4) ye ownership interest of Bidder is held by another indivi- maintained its headquarters or principal place of b preceding the date of this certification; or,	ears immedia: idual, partners iusiness conti	tely preced hip, associ nuously in	ding the date of the elation or corpora West Virginia fo	nis centrication; of 80 tion resident vendor or four (4) years imm	who has nediately
	Bidder is a nonresident vendor which has an affiliale and which has maintained its headquarters or principears immediately preceding the date of this certific	ipai place of bi ation; o r,	usiness Wi	thin West Virgina	f one hundred state a continuously for th	residents e four (4)
2 .	Application is made for 2.5% vendor preference Bidder is a resident vendor who certifies that, during working on the project being bid are residents of We immediately preceding submission of this bid; or,	ng the life of ti st Virginia wh	ne contrac p have resi	t, on average at ided in the state o	least 75% of the encontinuously for the t	mpioyees wo years
3.	Application is made for 2.5% vendor preference Bidder is a nonresident vendor employing a minima affiliate or subsidiary which maintains its headqua minimum of one hundred state residents who certified employees or Bidder's affiliate's or subsidiary's employees or bidder's affiliate and a subsidiary or subsidiary breeded.	um of one hur riers or princip fies that, durin aployees are r Ing submission	rdred state bal place (g the life o esidents o n of this bi	e residents or is a of business with if the contract, or if West Virginia v d; or,	n vyest virginia em 1 average at least 7:	ploying a 5% of the
4.	Application is made for 5% vendor preference Bidder meets either the requirement of both subdM	for the rese o isions (1) and (n checke (2) or subt	d: livision (1) and (3	i) as stated above; o	r,
5.	Application is made for 3.5% vendor preference Bidder is an individual resident vendor who is a veter and has resided in West Virginia continuously for submitted; or,	an of the Unite r the four yea	d States ar rs immedi	med forces, the fi	eserves or the Nation the date on which	nal Guard Ithe bid is
6	Application is made for 3.5% vendor preference Bidder is a resident vendor who is a veteran of the purposes of producing or distributing the commodition continuously over the entire term of the project, on residents of West Virginia who have resided in the	United States es or completi average at le state continuo	armed for ng the proj east seven ously for th	ces, the reserver ject which is the s ty-five percent of e two immediate	s or the National Gu subject of the vendor I the vendor's emplo ly preceding years.	yees are
7.	Application is made for preference as a non-redance with West Virginia Code §5A-3-59 and M Bidder has been or expects to be approved prior to and minority-owned business.	Vest Virginia contract awan	Code of S d by the Pu	itate Hutes. Irchasing Divisio	n as a certified smal	l, women-
requirer against or dedu	understands if the Secretary of Revenue determinements for such preference, the Secretary may order such Bidder in an amount not to exceed 5% of the botted from any unpaid balance on the contract or pur	the Director o old amount and chase order.	t Purchasi I that suci	u bevajtà mili pe b ud to: (a) uelectu	ne bid; or (b) assess baid to the contractiv	a penany
authoriz the requi	mission of this certificate, Bidder agrees to disclose ses the Department of Revenue to disclose to the Dire lired business taxes, provided that such information t by the Tax Commissioner to be confidential.	does not con	tain the a	mounts of taxes ;	oald nor any other in	formation
and ac	penalty of law for false swearing (West Virginia curate in all respects; and that if a contract is it as during the term of the contract, Bidder will n	saued to Bid otify the Pure	der and r chasing C	ranvining cont	ainea within this c	ite is true ertificate
Bldder:	Marshall Health	Signed: 7	/sau-			
Date	ulalis	Title:	CFC	>		

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, fallure 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 compilance 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 exceed 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. Ye. 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.

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