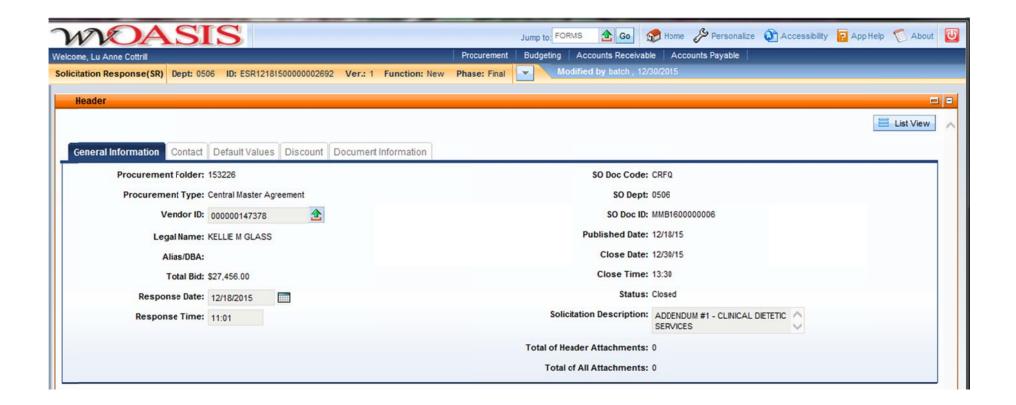


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





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

State of West Virginia Solicitation Response

Proc Folder: 153226

Solicitation Description: ADDENDUM #1 - CLINICAL DIETETIC SERVICES

Proc Type: Central Master Agreement

| Date issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|------------------------------|---------|
| | 2015-12-30 13:30:00 | SR 0506 ESR12181500000002692 | 1 |

VENDOR

000000147378

KELLIE M GLASS

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-----------------------------|-----------|------------|-------------|-----------------------------|
| 1 | CLINICAL DIETICIAN SERVICES | 832.00000 | HOUR | \$33.000000 | \$27,456.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85151607 | | | | |

Extended Description :

ADDENDUM #1 - SECTION 4.1.1

VENDOR MUST REPORT TO WORK A MINIMUM OF TWO (2) DAYS PER WEEK APPROXIMATELY 832 HOURS PER YEAR.

SOLICITATION NUMBER: Addendum Number:

Applicable Addendum Category:

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

| [|] | Modify bid opening date and time |
|-----------|-------|------------------------------------------------------------------------|
| [|] | Modify specifications of product or service being sought |
| [|] | Attachment of vendor questions and responses |
| [|] | Attachment of pre-bid sign-in sheet |
| [|] | Correction of error |
| [|] | Other |
| Descripti | ion o | f Modification to Solicitation: |
| Addition | al D | ocumentation: Documentation related to this Addendum (if any) has been |

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

included herewith as Attachment A and is specifically incorporated herein by reference.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

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. | | | | | | | |
| | Kellie Glass | | | | | | |
| Company | | | | | | | |
| Kellie Glass RD, LD | | | | | | | |
| Authorized Signature | | | | | | | |
| | 12/18/15 | | | | | | |
| | | | | | Date | | |

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012