



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
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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.

Header

List View

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 135130

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0506

Vendor ID: VS0000006729

SO Doc ID: WEH1600000012

Legal Name: NovaMed Corporation

Published Date: 11/25/15

Alias/DBA:

Close Date: 12/1/15

Total Bid: \$198,999.96

Close Time: 13:30

Response Date: 12/01/2015

Status: Closed

Response Time: 11:41

Solicitation Description: Addendum #1-Biomedical Inspection, Maint, Parts & Repair

Total of Header Attachments: 0

Total of All Attachments: 0



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 135130

Solicitation Description : Addendum #1-Biomedical Inspection, Maint, Parts & Repair Svc

Proc Type : Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2015-12-01 13:30:00	SR 0506 ESR12011500000002480	1

VENDOR

VS0000006729
 NovaMed Corporation

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Monthly Service Charge for Biomedical Services	12.00000	MO	\$16,583.330000	\$198,999.96

Comm Code	Manufacturer	Specification	Model #
85161504			

Extended Description : Addendum #1 - All inclusive flat rate for monthly service charge for Biomedical Equipment Inspection, Maintenance, Parts and Repair Services Agreement Per attached detailed specifications and Schedule A and Schedule B

SOLICITATION NUMBER: CRFQ 0506 WEH1600000012

Addendum Number: 1

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

Applicable Addendum Category:

- 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

Description of Modification to Solicitation:

- 1) To answer the technical questions submitted by vendors.
- 2) To provide revised Schedule B Equipment List.
- 3) To add specification 4.1.1.18 which states, "Vendor will perform clinical equipment inspections, repairs and scheduled preventative maintenance for all equipment contained in Schedule A. The pricing for the equipment contained in Schedule A is not subject to change unless a substantial amount (10% or greater) of the medical equipment will be added or deleted from the inventory. In the event of such change both parties will negotiate a revised pricing schedule. However, if the facility does not consider the new pricing to be fair and reasonable the blanket order may be cancelled without penalty."

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
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.: WEH160000012

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.

Nava Med Corporation
Company

[Signature]
Authorized Signature

12/1/15
Date

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