



West Virginia Purchasing Division

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.

Header @ 1

List View

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

Procurement Folder: 293622

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0506

Vendor ID: VS000002790

SO Doc ID: MMB170000004

Legal Name: Interpreters Unlimited

Published Date: 2/28/17

Alias/DBA:

Close Date: 3/14/17

Total Bid: \$191,200.00

Close Time: 13:30

Response Date: 03/10/2017

Status: Closed

Response Time: 16:43

Solicitation Description: ADDENDUM #2 - AMERICAN SIGN LANGUAGE

Total of Header Attachments: 1

Total of All Attachments: 1



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

State of West Virginia
 Solicitation Response

Proc Folder : 293622

Solicitation Description : ADDENDUM #2 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type : Central Master Agreement

| Date issued | Solicitation Closes | Solicitation Response | Version |
|-------------|------------------------|------------------------------|---------|
| | 2017-03-14 13:30:00 | SR 0506 ESR03101700000004304 | 1 |

| VENDOR |
|--|
| VS0000002790 Interpreters Unlimited |

Solicitation Number: CRFQ 0506 MMB1700000004

Total Bid : \$191,200.00 Response Date: 2017-03-10 Response Time: 16:43:15

Comments:

FOR INFORMATION CONTACT THE BUYER
 April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature on File 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 | AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR | 2080.00000 | HOUR | \$90.000000 | \$187,200.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description : SECTION 4.1.1.1 OF SPECIFICATIONS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|----------|------------|--------------|-----------------------------|
| 2 | AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME | 40.00000 | HOUR | \$100.000000 | \$4,000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description : SECTION 4.1.1.1 OF SPECIFICATIONS

REQUEST FOR QUOTATION
CRFQ 0506 MMB1700000004
Sign Language Interpreter Service

11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Shamus Sayed, Vice President of Sales & Marketing

Telephone Number: (858) 866-1130

Email Address: shamus.sayed@iugroup.com

Fax Number: (800) 726-9822



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

State of West Virginia
 Request for Quotation
 27 — Miscellaneous

Proc Folder: 293622

Doc Description: AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2017-02-13 | 2017-03-14 13:30:00 | CRFQ 0506 MMB1700000004 | 1 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US


VENDOR

Vendor Name, Address and Telephone Number:

Interpreters Unlimited, Inc.
 10650 Trenea Street, Suite 308
 San Diego, CA 92131
 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

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

Signature X 

FEIN # 20-5905641

DATE 03/10/2017

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

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities (BBHF), Mildred-Mitchell Bateman Hospital (MMBH) to establish an open-end contract for American Sign Language Interpreter Services.

| INVOICE TO | | SHIP TO | |
|-------------------------------------|---------|------------------------------------|----------|
| 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 | |
| 1530 NORWAY AVE | | 1530 NORWAY AVE | |
| HUNTINGTON | WV25705 | HUNTINGTON | WV 25705 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|------------|------------|----------------------------------|--------------|
| 1 | AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR | 2080.00000 | HOUR | \$90.00/hour (2 hour minimum) | \$187,200.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

| INVOICE TO | | SHIP TO | |
|-------------------------------------|---------|------------------------------------|----------|
| 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 | |
| 1530 NORWAY AVE | | 1530 NORWAY AVE | |
| HUNTINGTON | WV25705 | HUNTINGTON | WV 25705 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|----------|------------|------------------------------|-------------|
| 2 | AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME | 40.00000 | HOUR | \$100.00 (2 hour minimum) | \$4000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|---------------|------------|
| 1 | Questions Due | 2017-02-20 |

| | | | |
|----------------------|--------------------------------|---|------------------------------|
| MMB1700000004 | Document Phase Final | Document Description AMERICAN SIGN LANGUAGE INTERPRETER SERVICES | Page 3 of 3 |
|----------------------|--------------------------------|---|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 27 — Miscellaneous

Proc Folder: 293622

Doc Description: ADDENDUM #1 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2017-02-23 | 2017-03-14 13:30:00 | CRFQ 0506 MMB1700000004 | 2 |

BID RECEIVING LOCATION


BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 Interpreters Unlimited, Inc.
 10650 Trenea Street, Suite 308
 San Diego, CA 92131
 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

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

Signature X 

FEIN # 20-5905641

DATE 03/10/2017

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

ADDITIONAL INFORMAITON:

ADDENDUM #1 - TO CLARIFY THAT THE DEADLINE FOR TECHNICAL QUESTIONS IS FEBRUARY 27, 2017, AT 3:00 PM AND NOT FEBRUARY 20, 2017, AT 3:00 PM EST.

NO OTHER CHANGES.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL - BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV25705 US | | PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV 25705 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|------------|------------|----------------------------------|--------------|
| 1 | AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR | 2080.00000 | HOUR | \$90.00/hour (2 hour minimum) | \$187,200.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL - BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV25705 US | | PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV 25705 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|----------|------------|------------------------------|-------------|
| 2 | AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME | 40.00000 | HOUR | \$100.00 (2 hour minimum) | \$4000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|------------------------------|------------|
| 1 | Questions Due - Error | 2017-02-20 |
| 2 | Questions Due - Correct Date | 2017-02-27 |

| | | | |
|----------------------|--------------------------------|---|------------------------------|
| MMB1700000004 | Document Phase Final | Document Description ADDENDUM #1 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES | Page 3 of 3 |
|----------------------|--------------------------------|---|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 27 — Miscellaneous

Proc Folder: 293622

Doc Description: ADDENDUM #2 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2017-02-28 | 2017-03-14 13:30:00 | CRFQ 0506 MMB1700000004 | 3 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Interpreters Unlimited, Inc.
 10650 Treena Street, Suite 308
 San Diego, CA 92131
 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 20-5905641

DATE 03/10/2017

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

ADDITIONAL INFORMATION:

ADDENDUM #2 - TO PROVIDE VENDOR QUESTIONS AND RESPONSES.

NO OTHER CHANGES.

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL - BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV25705 US | | PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV 25705 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|------------|------------|----------------------------------|--------------|
| 1 | AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR | 2080.00000 | HOUR | \$90.00/hour (2 hour minimum) | \$187,200.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

| INVOICE TO | | SHIP TO | |
|--|--|---|--|
| PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL - BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV25705 US | | PROCUREMENT OFFICER - 304-525-7801 HEALTH AND HUMAN RESOURCES MILDRED MITCHELL-BATEMAN HOSPITAL 1530 NORWAY AVE HUNTINGTON WV 25705 US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|----------|------------|------------------------------|-------------|
| 2 | AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME | 40.00000 | HOUR | \$100.00 (2 hour minimum) | \$4000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 82112067 | | | |

Extended Description :

SECTION 4.1.1.1 OF SPECIFICATIONS

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|------------------------------|------------|
| 1 | Questions Due - Error | 2017-02-20 |
| 2 | Questions Due - Correct Date | 2017-02-27 |

| | | | |
|----------------------|--------------------------------|---|------------------------------|
| MMB1700000004 | Document Phase Final | Document Description ADDENDUM #2 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES | Page 3 of 3 |
|----------------------|--------------------------------|---|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CRFQ 0506 MMB170000004 PRICING PAGE

EXHIBIT "A"

| Item # | Estimated Usage: | Description | Unit Cost | Total Cost |
|---------------------------------|------------------|--|------------------------|----------------------|
| 4.1.1 | 2080 hours | Sign Language Interpreter Services - Hourly Rate | <u>\$90.00 (x2080)</u> | <u>\$187,200.00</u> |
| 4.1.1 | 40 hours | Sign Language Interpreter Services - Hourly Rate | <u>\$100.00 (x40)</u> | <u>\$4000.00</u> |
| GRAND TOTAL COST BID SUBMISSION | | | | <u>\$ 191,200.00</u> |

Awarding of the contract will be to the vendor who provides the lowest overall GRAND TOTAL cost and meets or exceeds the specifications of the Request for Solicitation.

The quantities listed in Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered during the term of this Contract, whether more or less than the quantities shown.


Company Name: Interpreters Unlimited, Inc.

Sales Representative: Shamus Sayed, Vice President of Sales & Marketing

Vendor Address: 10650 Treena Street, Suite 308 San Diego, CA 92131

Vendor Phone: (858) 866-1130 Fax Number: (800) 726-9822

Email Address: shamus.sayed@iugroup.com

 _____

Signature Date

Remit to Address: P.O. Box 27660

San Diego, CA 92198

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 0506 MMB1700000004

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 checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" 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.

Interpreters Unlimited, Inc.

Company



Authorized Signature

March 10, 2017

Date

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

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.



(Name, Title)
Shamus Sayed, Vice President of Sales & Marketing

(Printed Name and Title)
10650 Treena Street, Suite 308 San Diego, CA 92131

(Address)
(800) 726-9891 / (800) 726-9822

(Phone Number) / (Fax Number)
shamus.sayed@iugroup.com

(email address)

CERTIFICATION AND SIGNATURE: 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.

Interpreters Unlimited, Inc.

(Company)



(Authorized Signature) (Representative Name, Title)

Shamus Sayed, Vice President of Sales & Marketing

(Printed Name and Title of Authorized Representative)

March 10, 2017

(Date)

(800) 726-9891 / (800) 726-9822

(Phone Number) (Fax Number)

Not Applicable State of West Virginia

WV -10
Approved / Revised
12/16/15

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 Vendor Preference, if applicable.

1. Application is made for 2.5% 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;
____ Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; 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% 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% vendor preference for the reason checked:
____ Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; or,
4. Application is made for 5% 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% 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% 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) rescind the contract or purchase order; 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.

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: _____

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

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 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. 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: Interpreters Unlimited, Inc.

Authorized Signature: _____ Date: March 10, 2017

State of California

County of San Diego, to-wit:

Taken, subscribed, and sworn to before me this 10 day of March, 2017.

My Commission expires Dec. 15, 2019.

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]