



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: 319941

Procurement Type: Central Purchase Order

Vendor ID: 000000162583

Legal Name: INFORMATION MANAGEMENT SERVICES

Alias/DBA: DOCUMENT IMAGING SPECIALISTS LLC

Total Bid: \$65,100.00

Response Date: 08/08/2017

Response Time: 13:00

SO Doc Code: CRFQ

SO Dept: 0432

SO Doc ID: DCH1800000001

Published Date: 8/4/17

Close Date: 8/8/17

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum 3 - Microfilm Scanner/Viewers for Archives

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 : 319941
Solicitation Description : Addendum 3 - Microfilm Scanner/Viewers for Archives
Proc Type : Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-08-08 13:30:00	SR 0432 ESR08081700000000486	1

VENDOR

000000162583
INFORMATION MANAGEMENT SERVICES
DOCUMENT IMAGING SPECIALISTS LLC

Solicitation Number: CRFQ 0432 DCH1800000001

Total Bid : \$65,100.00 **Response Date:** 2017-08-08 **Response Time:** 13:00:48

Comments:

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
(304) 558-2063
michelle.l.childers@wv.gov

Signature on File	FEIN #	DATE
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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	Microfiche or microfilm viewers	6.00000	EA	\$10,850.000000	\$65,100.00

Comm Code	Manufacturer	Specification	Model #
45112001			

Extended Description :	Microfiche or microfilm viewers
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Comments: Mfg: E-image Data
Model ScanPro 3000

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 0432 DC141800000001

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 checked="" 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.

INFORMATION MANAGEMENT SERVICES
Company
[Signature]
Authorized Signature
8/8/2017
Date

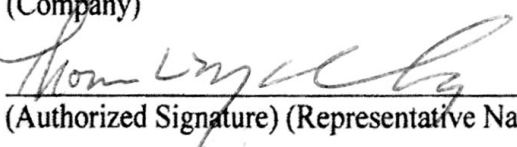
NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012

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.

THOMAS L. McCLARY - SALES REPRESENTATIVE 
 (Name, Title)
THOMAS L. McCLARY - SALES REPRESENTATIVE
 (Printed Name and Title)
5047 TRANS AMERICA DRIVE COLUMBUS, OH 43228
 (Address)
(614) 868-9008 (614) 868-9069
 (Phone Number) / (Fax Number)
+mccrary@imsimaging.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.

INFORMATION MANAGEMENT SERVICES
 (Company)
 SALES REPRESENTATIVE
 (Authorized Signature) (Representative Name, Title)
THOMAS L. McCLARY, SALES REPRESENTATIVE
 (Printed Name and Title of Authorized Representative)
8/8/2017
 (Date)
(614) 868-9008
 (Phone Number) (Fax Number)

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: INFORMATION MANAGEMENT SERVICES

Authorized Signature: *Thomas L. McClary* Date: 8/8/17
THOMAS L. McCLARY

State of Ohio

County of Franklin, to-wit:

Taken, subscribed, and sworn to before me this 8 day of August, 2017.

My Commission expires Jan 20, 2021.



NOTARY PUBLIC *James Ball*
Purchasing Affidavit (Revised 08/01/2015)