



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	969.560000	121195.00

Comm Code	Manufacturer	Specification	Model #
43211711			

**Commodity Line Comments:** The item is in stock.

**Extended Description:**

3.1.1 Fujitsu FI-8170 Scanner or Equal



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

**State of West Virginia**  
**Centralized Request for Quote**  
**Office Equip.**

<b>Proc Folder:</b> 1582411		<b>Reason for Modification:</b>	
<b>Doc Description:</b> FUJITSU FI-8170 SCANNER OR EQUAL		ADDENDUM 1 PROVIDE ANSWERS TO VENDOR QUESTIONS	
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-03-25	2025-04-03 13:30	CRFQ 0511 BFA2500000001	2

**BID RECEIVING LOCATION**

**VENDOR**

**Vendor Customer Code:** VS0000037600  
**Vendor Name :** vPrime Tech Inc  
**Address :** 1400 Broadfield Boulevard Suite 200  
**Street :**  
**City :** Houston  
**State :** TX **Country :** USA **Zip :** 77084  
**Principal Contact :** Jan Ghalib  
**Vendor Contact Phone:** 833-333-1314 **Extension:** 2

**FOR INFORMATION CONTACT THE BUYER**

Crystal G Hustead  
 (304) 558-2402  
 crystal.g.hustead@wv.gov

**Vendor Signature X** *Jan Ghalib*

**FEIN#** 861744919

**DATE** 3/29/2025

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

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, DEPARTMENT OF HUMAN SERVICES, BUREAU FOR FAMILY ASSISTANCE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR FUJITSU FI-8170 SCANNER OR EQUAL PER THE ATTACHED DOCUMENTS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BSS - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BSS - COMMISSIONERS OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	\$969.56	\$121,195.00

Comm Code	Manufacturer	Specification	Model #
43211711	RICOH DOCUMENT SCANNERS	PA03810-B055	FI-8170 SCANNER

**Extended Description:**  
3.1.1 Fujitsu FI-8170 Scanner or Equal

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2025-03-24

	Document Phase	Document Description	Page
BFA2500000001	Final	FUJITSU FI-8170 SCANNER OR EQUAL	3

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

State of West Virginia  
 Centralized Request for Quote  
 Office Equip.

<b>Proc Folder:</b> 1582411			<b>Reason for Modification:</b> ADDENDUM 1 PROVIDE ANSWERS TO VENDOR QUESTIONS
<b>Doc Description:</b> FUJITSU FI-8170 SCANNER OR EQUAL			
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-03-25	2025-04-03 13:30	CRFQ 0511 BFA2500000001	2

**BID RECEIVING LOCATION**

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :**

**Address :**

**Street :**

**City :**

**State :** **Country :** **Zip :**

**Principal Contact :**

**Vendor Contact Phone:** **Extension:**

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal G Hustead  
 (304) 558-2402  
 crystal.g.hustead@wv.gov

**Vendor Signature X** **FEIN#** **DATE**

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

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, DEPARTMENT OF HUMAN SERVICES, BUREAU FOR FAMILY ASSISTANCE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR FUJITSU FI-8170 SCANNER OR EQUAL PER THE ATTACHED DOCUMENTS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BSS - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BSS - COMMISSIONERS OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA		

Comm Code	Manufacturer	Specification	Model #
43211711			

**Extended Description:**

3.1.1 Fujitsu FI-8170 Scanner or Equal

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2025-03-24

**SOLICITATION NUMBER: CRFQ BFA2500000001**  
**Addendum Number: 1**

---

The purpose of this addendum is to modify the solicitation identified as CRFQ BFA2500000001 ("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-

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith 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.

**SOLICITATION NUMBER: CRFQ BFA25000000001**  
**Addendum Number: 1**

---

**Q:1**

Are all 125 scanners expected to be purchased at once, or will this be broken up over a period of time?

**A:1**

The 125 quantity is an estimated quantity for pricing purposes. Scanners will be purchased in various quantities per delivery location on an as needed basis.

**Q:2**

When it comes to the scanners mentioned on the CRFQ Fujitsu typically recommends a warranty added to them. Would you like me to include a warranty in the response? If the answer is yes, would you like 1, 3, or 4 years of warranty.

**A:2**

No additional warranties are needed.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BFA2500000001**

**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 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.

vPrime Tech Inc

\_\_\_\_\_  
Company

*Jan Ghalib*

\_\_\_\_\_  
Authorized Signature

3/29/2025

\_\_\_\_\_  
Date

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

Revised 6/8/2012



**vPrime Tech Inc**  
 1400 Broadfield Blvd  
 Suite 200  
 Houston, Texas 77084-5162  
 (833) 333-1314  
 vprime@vprimetech.com  
 www.vprimetech.com

**Health and Human Resources**  
 Crystal G Hustead  
 (304) 558-2402  
 crystal.g.hustead@wv.gov  
 350 Capitol ST, Room 730  
 Charleston WV  
 CRFQ-0511-BFA2500000001-1

## QUOTE

**Quote #** 33628461737  
**Quote Sent Date** 03/29/25  
**Payment Terms** Net 30  
**Certified** MBE

Item #	Part Number	Description	Qty	Unit Price	Ext. Price
0001	PA03810-B055	FI-8170 SCANNER PERP	125	\$969.56	\$121,195.00
<b>Subtotal</b>					<b>\$121,195.00</b>
<b>Total</b>					<b>\$121,195.00</b>

**Lead Time:**  
**Purchase Terms:**

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>vPrime Tech Inc</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
<b>1400 Broadfield Boulevard, Suite 200</b>		
<b>6</b> City, state, and ZIP code		
<b>Houston, Texas 77084-5162</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
8	6		-	1	7	4	4	9	1	9

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>01/03/2025</b>
------------------	--------------------------	------------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**WEST VIRGINIA**  
**STATE TAX DEPARTMENT**  
**BUSINESS REGISTRATION**  
**CERTIFICATE**

ISSUED TO:  
**VPRIME TECH INC**  
**1400 BROADFIELD BLVD 200**  
**HOUSTON, TX 77084-5162**

BUSINESS REGISTRATION ACCOUNT NUMBER: **2430-6116**

This certificate is issued on: **07/01/2022**

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.