



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 3

List View

### General Information

[Contact](#) | [Default View](#) | [Discuss](#) | [Disruptive Innovation](#) | [Discussion Report](#)

Procurement Folder: 1522418

Procurement Type: Central Master Agreement

Vendor ID: V53000847401

Legal Name: Tech Advanced Computers

Allen CISA:

Total Bid: \$130,000.00

Response Date: 04/03/2025 

Response Time: 12:13

Responded By User ID: [star941](#)

First Name: Karim

Last Name: Tan

Email: [tlaw@trifluoromethane.com](mailto:tlaw@trifluoromethane.com)

Phone: 850/331-1501

SD Doc Code: CRR03

10 Sept: OTH

30 Dec 18: 8P4290089001

Published Date: 3/25/25

Cisco Data: 6/2/01

Close Time: 13:30

Status: Closed

Solicitation Description: FUJITSU P4-S118 SCANNER OR EQUAL.

Total of Header Attachments: 3

Total of All Attachments: 3



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

State of West Virginia  
Solicitation Response

**Proc Folder:** 1582411  
**Solicitation Description:** FUJITSU FI-8170 SCANNER OR EQUAL  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-04-03 13:30	SR 0511 ESR04032500000005985	1

**VENDOR**  
VS0000047401  
Tech Advanced Computers

**Solicitation Number:** CRFQ 0511 BFA2500000001  
**Total Bid:** 120000  
**Response Date:** 2025-04-03  
**Response Time:** 13:13:24  
**Comments:** FOB Destination  
30 Days ARO  
Net 30

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

<b>Vendor Signature X</b>	<b>FEIN#</b>	<b>DATE</b>
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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	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	960.000000	120000.00

Comm Code	Manufacturer	Specification	Model #
43211711			

**Commodity Line Comments:** Fujitsu Ricoh fi-8170 Professional High Speed Color Duplex Document Scanner - Network Enabled  
Part #: PA03810-B055

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

# **Response to Centralized Request for Quote 0511-BFA2500000001-2**

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## **Fujitsu fi-8170 Scanner**



**APRIL 3, 2025**

**Tech Advanced Computers  
1508 Creighton Road  
Pensacola, Florida 32504**

**Kendrick Tan, Vice President  
ktan@techadvanced.com  
(850) 221-0382**





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## Electronics Retail and Service Experts Since 1991



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# Executive Summary

Thank you for allowing Tech Advanced Computers ("TAC") to respond to the state of West Virginia's Department of Human Services' Centralized Request for Quote ("CRFQ") 0511-BFA2500000001-2 for Fujitsu fi-8170 Scanner. As a small and minority-owned business and certified in the state of Florida, we are a leading technology provider in the Florida Panhandle for over 3 decades and operate a superstore in Pensacola, Florida.

As an authorized Fujitsu Ricoh reseller, we believe we have prepared a competitive offer to meet your requirements.

Part #	Description	Qty	Unit Price	Total Price
PA03810-B055	Fujitsu Ricoh fi-8170 Professional High Speed Color Duplex Document Scanner - Network Enabled	125	\$960.00	\$120,000.00

The prices quoted are valid for 30 days and subject to change thereafter. Our standard terms are FOB Destination, Net 30 and 30 Days ARO.

In the following pages, you will find our documentation in the Appendices to showcase our credentials.

We hope you will choose TAC as your partner and build upon this relationship for all of your future technology needs.

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# Tech Advanced Computers

## Our History

Tech Advanced Computers was established July of 1991 in Pensacola, Florida as Advanced Tech. In October 1991, the company was renamed Tech Advanced, Inc. and became incorporated in the state of Florida. In February 1993, the company was renamed Tech Advanced Computers in an effort to describe our business more accurately. As an Apple Authorized Service Provider, Microsoft, HP, Dell Partner and more, we provide the best technology solutions to our customers across retail, commercial, SLED and federal with our certified technicians.

## Mission Statement

Tech Advanced Computers is committed to providing the highest level of customer service, computer equipment and technical services available. Our obligation is to offer a wide variety of services and products to help support both our consumer and commercial clients. By continuing to broaden our business model and adapting to economic changes, Tech Advanced Computers aims to maintain our place as one of the largest computer retail and service providers in Northwest Florida.





# Appendix 1 – W-9

Form **W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

**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.

Print or type.  
See Specific Instructions on page 3.

**1** 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.)  
**Tech Advanced Computers, Inc.**

**2** Business name/disregarded entity name, if different from above.  
**Tech Advanced Computers**

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.  
☐ Individual/sole proprietor    ☐ C corporation    ☒ S corporation    ☐ Partnership    ☐ Trust/estate  
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) \_\_\_\_\_  
**Note:** 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.  
☐ Other (see instructions) \_\_\_\_\_

**4** 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) \_\_\_\_\_  
(Applies to accounts maintained outside the United States.)

**3b** 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 \_\_\_\_\_ ☐

**5** Address (number, street, and apt. or suite no.). See instructions.  
**1508 Creighton Road**

**6** City, state, and ZIP code  
**Pensacola, Florida 32504**

**7** List account number(s) here (optional)

**Requester's name and address (optional)**

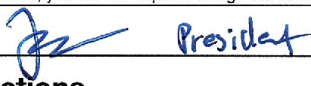
**Part I Taxpayer Identification Number (TIN)**

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.

Social security number  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
or  
Employer identification number  
5 9 - 3 3 6 2 6 5 6

**Part II Certification**

Under penalties of perjury, I certify that:  
1. 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  
2. 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  
3. I am a U.S. citizen or other U.S. person (defined below); and  
4. 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.

Sign Here  
Signature of U.S. person  
  
Date  
**10/20/2024**

**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

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)

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## Appendix 2 – Business Accreditation

Better Business Bureau®

**Start With Trust®**

BBB serving Northwest Florida



Tech Advanced Computers, Inc.

Valid Through  
December 2025

Accredited Business Since: January 26, 1995

[bbb.org](http://bbb.org)



**CELEBRATING 30+ YEARS  
AS A BBB ACCREDITED BUSINESS**

**PRESENTED TO**

**Tech Advanced Computers, Inc.**

**YOUR COMMITMENT TO INTEGRITY AND EXCELLENCE HELPS SET YOUR  
COMPANY APART AND ENSURES THAT YOUR COMMUNITY CONTINUES  
TO UNDERSTAND THE IMPORTANCE OF MARKETPLACE TRUST**

*Christine Mathis*

**Christine Mathis, CEO  
BETTER BUSINESS BUREAU OF NORTHWEST FLORIDA**



# Appendix 3 – Good Business Standing Certificate

## *State of Florida Department of State*

I certify from the records of this office that TECH ADVANCED COMPUTERS, INC. is a corporation organized under the laws of the State of Florida, filed on February 14, 1996.

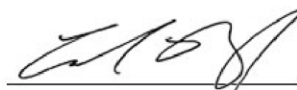
The document number of this corporation is P96000014833.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on January 7, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of January, 2025*



  
*Secretary of State*

Tracking Number: 2212240497CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



# Appendix 4 – Minority Business Certification

*State of Florida*

***Minority Business  
Certification***

Tech Advanced Computers, Inc.

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

11/02/2023 to 11/02/2025



Pedro Allende  
Florida Department of Management Services

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES  
● ● ● SUPPLIER DEVELOPMENT



Office of Supplier Development  
4050 Esplanade Way, Suite 380  
Tallahassee, Florida 32399  
850-487-0915  
[www.dms.myflorida.com/osd](http://www.dms.myflorida.com/osd)



# Appendix 5 – Certificate of Insurance



**State Farm Florida Insurance Company**  
A Stock Company With Home Offices in Tallahassee, Florida

Po Box 2915  
Bloomington IL 61702-2915

## Named Insured

AT2 000164 3317 9L-19-1CE0-FA4DF M  
TECH ADVANCED COMPUTERS INC  
1508 CREIGHTON RD  
PENSACOLA FL 32504-7143



ST  
0109-0001

Entity: Corporation

## RENEWAL DECLARATIONS

<b>Policy Number</b>	98-GM-6551-9	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	APR 21 2025	APR 21 2026
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		

## COMMERCIAL LIABILITY UMBRELLA POLICY

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	\$ 5,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 5,000,000
<b>Self-Insured Retention</b>	\$ 10,000

## Required Underlying Insurance Schedule

Coverage		Minimum Underlying Limits
<b>Automobile Liability</b> (Other than Buses and Passenger Vans)	Bodily Injury (Each Person/Each Accident)	\$ 500,000 / \$ 500,000
	Property Damage (Each Accident)	\$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000
<b>Business Liability</b>	Bodily Injury (Per Occurrence)	\$ 500,000
	Bodily Injury (Annual Aggregate)	\$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate)	\$ 100,000
	--or--	
	Bodily Injury and Property Damage (Per Occurrence)	\$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000
<b>Employers Liability</b>	Bodily Injury by Accident (Each Accident)	\$ 100,000
	Bodily Injury by Disease (Each Employee)	\$ 100,000
	Bodily Injury by Disease (Policy Limit)	\$ 500,000

## Forms & Endorsements

Commercial Umb Coverage Form	CU-2100
*Policy Endorsement	CU-2474.4
*Amendatory Endorsement	CU-2259.2
*Exclusion Cyber Incident	CU-2498
*Terrorism Insurance Cov Notice	FE-6999.3
Excl Data Processing Program	CU-2314
Exclusion - Lead Poisoning	CU-2339

<b>Policy Premium</b>	\$ 1,084.00
FIGA ASSESSMENT 5	\$ 10.84
<b>Total Amount</b>	\$ 1,094.84

\* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared  
FEB 24 2025  
0736 299 I  
N 6219 41

**TYLER KERCHER INS AGCY INC**  
(850) 477-1358

Continued from Front

M 0736

Coverage	Required Underlying Insurance Schedule	Minimum Underlying Limits
<b>Employers Non-Owned Auto Liability</b>	Bodily Injury and Property Damage (Each Occurrence)	\$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident) Property Damage (Each Accident)	\$ 500,000 / \$ 100,000
<b>Hired Auto Liability</b>	--or--	
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000
	Bodily Injury and Property Damage (Each Occurrence) Bodily Injury and Property Damage (Annual Aggregate)	\$ 500,000 / \$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident) Property Damage (Each Accident)	\$ 500,000 / \$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

This policy is issued by the State Farm Florida Insurance Company.

**Participating Policy**

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Muriel Mancos*  
Secretary

*Angus Watts*  
President

For questions, problems, or to obtain information about coverage call: (850) 477-1358

0736

© Copyright, State Farm Mutual Automobile Insurance Company, 2008

(012942c) 11-20-2008

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# Terms, Conditions and Disclaimers

## 1. Acceptance of Terms

By accepting this proposal, the West Virginia Department of Human Services agrees to the terms and conditions outlined herein. Any additional or differing terms proposed by you are rejected unless expressly agreed to in writing by TAC.

## 2. Pricing and Payment

All prices are quoted in USD and are valid for 30 days from the proposal date. Payment terms are net 30 days from the date of invoice unless otherwise agreed upon in writing. Payments not received by the due date may incur interest charges at the maximum rate permitted by law.

## 3. Price Changes

With the current U.S. administration, TAC reserves the right to adjust pricing for orders placed to reflect any of the following:

- Changes in applicable taxes, duties, or tariffs
- Significant fluctuations in global freight costs
- Currency exchange rate fluctuations exceeding 5%
- Changes in manufacturer's suggested retail price (MSRP) for the products
- Introduction of new government regulations or industry standards that impact pricing

TAC will provide reasonable notice and manufacturer's evidence of any price adjustments due to the factors listed above.

## 4. Delivery

TAC will deliver the specified products according to the agreed-upon schedule. Delivery timelines are estimates, and TAC will make reasonable efforts to meet them.

## 5. Warranty and Support

All products are covered by the manufacturer's warranty. TAC will provide support services if detailed in the proposal. Any additional support services will be subject to separate agreements, which will outline specific terms and conditions.

## 6. Title and Risk of Loss

Title and risk of loss for the product shall pass to you upon delivery. TAC retains a security interest in the product until full payment is received. You agree to perform all acts necessary to perfect and maintain this security interest.

## 7. Confidentiality

Both parties agree to treat all information received from the other party in connection with this purchase as confidential. This obligation shall survive the termination of any agreement resulting from this proposal. Confidential information shall not include information that is publicly available or already known to the receiving party at the time of disclosure.

The information is intended solely for your use in evaluating our services. It should not be disclosed to any third parties without the express written consent of TAC.

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## **8. Third-Party Products**

Any mention of third-party products within this proposal is for informational purposes only and does not constitute an endorsement or guarantee by TAC. All third-party products are subject to their own terms and conditions.

## **9. Limitation of Liability**

TAC's liability under this agreement shall be limited to direct damages and shall not exceed the total amount paid by you for the products. TAC shall not be liable for any indirect, incidental, or consequential damages, including but not limited to loss of profits or revenue, even if advised of the possibility of such damages.

## **10. Force Majeure**

TAC shall not be liable for any delay or failure to perform due to circumstances beyond its reasonable control, including but not limited to acts of God, natural disasters, war, terrorism, labor disputes, or governmental actions.

## **11. Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the United States, without regard to its conflict of laws principles. Any legal action or proceeding arising under this agreement shall be brought exclusively in the courts of the State of Florida, Escambia County.

## **12. Termination**

Either party may terminate this agreement upon written notice if the other party breaches any material term and fails to cure such breach within 30 days of receiving notice. Upon termination, you shall pay for all products delivered and accepted up to the termination date.

## **13. Amendments**

Any amendments or modifications to these terms and conditions must be in writing and signed by authorized representatives of both parties.

## **14. Entire Agreement**

This document, along with any attachments or referenced documents, constitutes the entire agreement between the parties and supersedes all prior or contemporaneous agreements, understandings, negotiations, and discussions, whether oral or written.

## **15. Proposal Accuracy**

While TAC has made every effort to ensure the accuracy and completeness of the information provided, we cannot guarantee that the information is free from errors or omissions. The details contained within this proposal are subject to change as more information becomes available or as project requirements evolve.

## **16. Non-Binding Nature**

This proposal is provided by informational purposes only and does not constitute a binding agreement or contract. Following the acceptance of this proposal, any commitments or obligations will be formalized through a mutually agreed-upon contract.



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.

Proc Folder: 1582411

Doc Description: FUJITSU FI-8170 SCANNER OR EQUAL

Reason for Modification:

ADDENDUM 1  
PROVIDE ANSWERS TO  
VENDOR QUESTIONS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
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**

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

**SHIP TO**

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**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2025-03-24

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

---

The purpose of this addendum is to modify the solicitation identified as CRFQ BFA25000000001 ("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.

Tech Advanced Computers, Inc.

Company



Authorized Signature

4/3/2025

Date

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

Revised 6/8/2012



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			
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-03-18	2025-04-03 13:30	CRFQ 0511 BFA2500000001	1

BID RECEIVING LOCATION

VENDOR

**Vendor Customer Code:** VS0000047401

**Vendor Name :** Tech Advanced Computers, Inc.

**Address :** 1508 Creighton Road

**Street :** Same as above

**City :** Pensacola

**State :** Florida **Country :** USA **Zip :** 32504

**Principal Contact :** Kendrick Tan, Vice President

**Vendor Contact Phone:** (850) 221-0382 **Extension:**

FOR INFORMATION CONTACT THE BUYER

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

Vendor  
Signature X

FEIN# 59-3362656

DATE 4/3/2025

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



<b>ADDITIONAL INFORMATION</b>
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***

<b>INVOICE TO</b>	<b>SHIP TO</b>
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	\$960.00	\$120,000.00

Comm Code	Manufacturer	Specification	Model #
43211711	Fujitsu Ricoh	fi-8170 Document Scanner	PA03810-B055

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

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2025-03-24

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

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions