



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

Request for Quotation

RFQ NUMBER
BCF60607

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BCF - OFFICE OF FAMILY SUPPORT
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/04/2006				

BID OPENING DATE: 05/18/2006 BID OPENING TIME: 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>*****ADDENDUM NO. 3*****</p> <p>1. THE WRITTEN QUESTIONS RECEIVED FROM VENDORS AS A RESULT OF THE APRIL 27, 2006 MANDATORY PRE-BID CONFERENCE ALONG WITH THE AGENCY RESPONSES ARE ATTACHED.</p> <p>2. THE REQUIRED INVOICING PROCEDURES (INSTRUCTIONS FOR INVOICING SOCIALLY NECESSARY SERVICES) AND A SAMPLE INVOICE AS DISTRIBUTED AT THE MANDATORY PRE-BID CONFERENCE ARE ATTACHED.</p> <p>3. A REVISED BID SCHEDULE HAS BEEN ATTACHED TO REFLECT ALCOHOL TESTING AS AN ADDITIONAL TEST THAT MAY BE REQUIRED IN ADDITION TO DRUG TESTING, BUT NOT REQUIRED IN ALL CASES, ONLY WHEN SPECIFIED. BIDS SHOULD ONLY BE SUBMITTED ON THE REVISED BID SCHEDULE THAT HAS FOUR (4) SERVICES LISTED.</p> <p>4. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>PLEASE NOTE THE FOLLOWING ATTACHMENTS: 1) QUESTIONS AND ANSWERS FROM PRE-BID (1 PAGE) 2) INVOICING INSTRUCTIONS (1 PAGE) 3) SAMPLE INVOICE (1 PAGE) 4) REVISED BID SCHEDULE (1 PAGE) 5) ADDENDUM ACKNOWLEDGEMENT (1 PAGE)</p> <p>*****END OF ADDENDUM NO. 3*****</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
(REQUEST FOR QUOTATION) RFQ AND (REQUEST FOR PROPOSAL) RFP**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$45 fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from Federal and State taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR ü160.103) and will be disclosing Protected Health Information (45 CFR ü160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **DUPLICATE BIDS:** All quotations must be delivered by the bidder to the respective offices listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

ORIGINAL SIGNED BID TO:

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

DUPLICATE BID TO:

State Auditor's Office
Bid Observer
Building 1 Room W114
1900 Kanawha Boulevard, East
Charleston, WV 25305-0230

BCF60607 Mandatory Pre-bid Conference Questions (and Agency Answers)

1.	Q	Is Quantitative results reporting necessary to your process, as this may raise costs from the lab or MRO
	A	Yes quantitative results will be required as specified in the RFQ.
2.	Q	Is your agency going to make it mandatory for all donors to list their prescription medications?
	A	This requirement will be deleted by deletion of the second sentence of section V.1.d. of the Drug and Alcohol Testing Policy.
3.	Q	How many drugs and what drugs do you want to test for? (Including Alcohol and Oxycodone will definitely raise the cost of the lab fees)
	A	The sample will be tested for at least the following substances: marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP), barbiturates, oxycodone, benzodiazepines, propoxyphene and methadone or derivatives thereof. Alcohol will be an optional test and the Bid Schedule will be modified to reflect this change.
4.	Q	Would you rather do a breath alcohol test rather than urine alcohol?
	A	Urine will be used for alcohol testing.
5.	Q	Split specimen or single specimen collections?
	A	All collections will be single specimen collections.
6.	Q	If you choose split specimen testing, who is going to cover the cost of the split test? (Donor or the State)
	A	NA – see response to question #5
7.	Q	About billing and the ID # and case number from the reporting state worker, will we the contractor get an email or a phone call from the case worker?
	A	The request will be a system generated written referral signed by the worker.
8.	Q	Time frame from which we are contacted to go and do collection.
	A	The specimen should generally be collected no later than 24-48 hours after receipt of the referral.
9.	Q	Would you like to get the results via the web site of the reporting lab?
	A	This is not a requirement of the RFQ but the worker may choose to additionally utilize this if available. Written results are to be sent by mail to the requesting worker.
10.	Q	know in the bid you have a split collection, if you do a single there would be no chance for a challenge test?
	A	NA – see response to question #5
11.	Q	Will the bid opening still be on the date 5-18-06?
	A	Unless otherwise notified, yes.

Instructions for Invoicing Socially Necessary Services

The Bureau for Children and Families will start using a new payment process for Socially Necessary Services on July 1, 2004. **After this date, service providers will be required to have prior approval or a registration process in order to be paid for providing Socially Necessary Services.** A web site has been developed which will provide additional information about this initiative. The address of the web site is <http://www.wvdhhr.org/bcf/aso/>. The address of the web site for the Payment Matrix, which includes service codes, types, and a unit rate, is <http://www.wvdhhr.org/bcf/aso/matrix.asp>.

A standard invoice has been developed and is available on the web site. Each individual field on the invoice is a required field that must be completed accurately before a payment is approved. Incorrect invoices will be returned to providers for resolution.

Provider Name and FACTS Provider Number: Must match the Name and Number on the Referral for Socially Necessary Services

Contact Name & Number: Self-explanatory

Authorization Number: This is the authorization number that the ASO assigns to the provider thus approving services. Do not provide services without this authorization number.

FACTS Control Number: This number is provided on the Referral for Socially Necessary Services.

Month of Service: The month that the services were provided.

FACTS Client ID, Case Number/Referral ID, FACTS Client Name: Information provided on the Referral for Socially Necessary Services.

Service Code/Type, Number of Units Billed, Unit Rate & Total: Please refer to the following web site: <http://www.wvdhhr.org/bcf/aso/matrix.asp>.

Providers are required to submit monthly invoices. All invoices for Socially Necessary Services must be submitted to the following address for processing:

Bureau for Children & Families
Division of Payments and Vendor Maintenance
350 Capitol Street, Room 730
Charleston, WV 25301-3711

Monthly reports must be submitted to the caseworker. We hold the right to withhold payments if monthly reports are not submitted timely to the appropriate local office.

Should you have any questions, please visit the ASO support forum online at <http://www.wvdhhr.org/bcf/aso/>. Answers to questions submitted via the web site will be posted periodically.

BCF60607 Drug and Alcohol Screening

Vendor's quotation must include pricing for the following goods and services as specified:

Description of Services (a)	Estimated Annual Usage (b)	Unit price	Amount
1. Drug Screening	2020 tests	x	=
2. After-Hours Drug Screening	86 tests	x	=
3. Alcohol Screening (with #1 or #2 only, not stand alone)	500 tests	x	=
4. Expert Witness Testimony	10 hours	x	=
Total			=

(a) Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

(b) Estimates are only used to evaluate costs and do not constitute an obligation to purchase. Actual usage will depend upon the needs of the agency.

Vendor's services are available by contacting _____ at
Name of contractor's coordinator

Telephone number () _____

FAX number () _____

E-mail address _____

 Vendor Name

 Date

 Name of Authorized Representative

 Title

**STATE OF WEST VIRGINIA
PURCHASING CONTINUATION SHEET**

Buyer:

Page

Req. or P. O. No.:

Vendor:

Spending Unit:

Requisition No.: BCF60607

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

No. 1 _____

No. 2 _____

No. 3 _____

No. 4 _____

No. 5 _____

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

Signature

Company

Date