



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
HHR70058

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
 VARIOUS LOCALES AS
 INDICATED BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/17/2007				

BID OPENING DATE: **05/31/2007** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 2</p> <p>1. PLEASE NOTE THAT THE BID OPENING DATE IS BEING MOVED FROM MAY 24, 2007 TO MAY 31, 2007.</p> <p>2. QUESTIONS AND ANSWERS ARE ATTACHED.</p> <p>3. 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>END OF ADDENDUM NO. 2</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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 \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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 §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) 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. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office 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.

SIGNED BID TO:

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

Description of Service		Pricing of Service	Unit of Measure	Estimated Volume	Division of Tobacco Prevention	Medicaid
A. Division of Tobacco Prevention Program Services					▽	
1	Eligibility Verification/Enrollment		Per enrolled person	3330		
2	Extended phone coach service: Counseling services, educational materials, phone costs for up to 4 calls per DIVISION OF TOBACCO PREVENTION enrollee.					
	First telephone Call		per call	2500		
	Second Telephone Call		per call	2500		
	Third Telephone Call		per call	2000		
	Fourth Telephone Call		per call	1500		
3	Nicotine Replacement Therapy (4 wks supply)					
	A. Nicotine Patch. (4 weeks supply)		Per shipment**	3800		
	B. Nicotine gum. 2mg Gum.		Per shipment**	300		
	C. Nicotine gum. 4mg Gum.		Per shipment**	600		
	D. Nicotine Lozenge.		Per shipment**	300		
4	Maintenance of Quitline Web Site		Per Month	12		
Sub-total for Division of Tobacco Prevention =						
B. Medicaid Program / Other Insurance						▽
1	Eligibility Verification/Enrollment:		Per enrolled member	3800		
2	Extended phone coach service: Counseling services, educational materials.					
	First telephone Call		per call	2500		
	Second Telephone Call		per call	2500		
	Third Telephone Call		per call	2000		
	Fourth Telephone Call		per call	1500		
	Ad Hoc Call		per call	1000		
Sub-total for Medicaid Program =						
Above Total for (A) Division of Tobacco Prevention + (B) Medicaid Program =						

Vendor Name: _____
 Title: _____

Date: _____

** Per shipment defined as one four week supply of NRT delivered to enrollee after eligibility verified, and a second four week supply delivered only when requested by the enrollee. This system of delivery has been used successfully in the past to decrease non-compliance of enrollees.

PURCHASING CONTINUATION SHEET

Buyer: RW-#22	Page 3	Req. or P.O. No.: HHR70058
Spending Unit:		

Vendor:

Requisition No.: HHR70058

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) may be cause for rejection of bids.

Signature

Company

Date