



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 |
| WIC80480   |

|      |
|------|
| PAGE |
| 1    |

|   |
|---|
| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER<br>304-558-0067          |

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - NUTRITION SERVICES

350 CAPITOL STREET, ROOM 519  
 CHARLESTON, WV  
 25301-3717 304-558-0030

|                              |               |                          |        |               |
|------------------------------|---------------|--------------------------|--------|---------------|
| DATE PRINTED<br>11/22/2006   | TERMS OF SALE | SHIP VIA                 | F.O.B. | FREIGHT TERMS |
| BID OPENING DATE: 12/11/2006 |               | BID OPENING TIME 01:30PM |        |               |

| LINE  | QUANTITY | UQP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|---------|-------------|------------|--------|
| *****ADDENDUM NO. 1*****<br><br>1. 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.<br><br>PLEASE NOTE THE FOLLOWING ATTACHEMENTS:<br>1. QUESTIONS AND ANSWERS. ( 1 PAGE)<br>2. INVOICES OF PAST THREE MONTHS. ( 3 PAGES)<br><br>*****END OF ADDENDUM NO. 1***** |          |     |         |             |            |        |

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

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**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

#WIC80480 Addendum #1

1. Page 18 –Vendors' Bid Response – Item B- Does the state desire a task by task response or is the state only asking that vendors provide a statement that Tasks 1-19 will be performed?

**The State desires a task by task response.**

2. Let's say that check 1234 is reported as paid to West Virginia WIC on 10/01/2006, and then on 10/20/2006 the same check number is presented for payment. Then through research it is discovered that the original check from 10/01/2006 was supposed to have check number 2345. According to Task 11, the vendor would need to provide an adjustment record with check number 2345 and the previously paid date to the state. Is this a correct understanding?

**Yes.**

3. Page 12 - What information is to be reflected in the bar code that is on the outside of each box? Also, are the labels for the FM and SR FM checks to include this same bar-coding?

**Page 12, Task 8, requires that the beginning and ending FI number and the box number be encoded with scannable bar code on box label.**

4. Can Section A – General Requirements and the Bid Sheet be provided in electronic format?

**Electronic format is not provided.**

5. Please provide copies of the past three months invoices from your current contractor.

**Please see attached.**

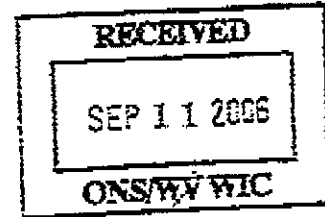
6. Is it allowed for additional or optional services to be discussed in the response? If so, where the pricing for the additional or optional services would be added to the Bid Sheet.

**You may discuss optional services in the response but they will not be included on the Bid Sheet, only those items currently listed on the Bid Sheet will be considered. Optional items can be discussed at the first Project Meeting.**

7. Page 8 "Vendor will also provide the WIC Program a monthly CD/DVD of all draft images both front and back." Would the WIC Program be open to not receiving a monthly CD/DVD but instead be provided a 7 year on line archive of check images? If the Program is open to this option, would item 1.a and 9 a on the Bid Sheet not be a bid item?

**Once a successful bidder is selected, this option can be discussed at the first Project meeting, the current bid sheet will not be changed to include this.**

INVOICE



State of West Virginia  
 Dept of Health & Human Resources  
 Office of Nutrition Services  
 Attn: Denise Ferris  
 350 Capitol Street, Room 519  
 Charleston, WV 25301-3717

Invoice Date: 09/05/06  
 Invoice No: 900963520

Operational Charges for the Month of August 2006

| Description                         | Quantity | Price                | Amount                    |
|-------------------------------------|----------|----------------------|---------------------------|
| <b>West Virginia WIC</b>            |          |                      |                           |
| Processed Food Instruments          | 132,661  | 0.0800               | \$10,812.88               |
| Food Instruments Returned           | 440      | 0.8500               | \$374.00                  |
| Stamp from Endorsement              | 548      | 0.4250               | \$232.90                  |
| Data Entry for No Issuance Checks   | 0        | 0.6500               | \$0.00                    |
| ACH Repayment Transactions          | 72       | 0.5500               | \$39.60                   |
| Wire Transfer Fee                   | 28       | 5.0000               | \$138.00                  |
| Compliance Buy                      | 10       | 0.0000               | \$0.00                    |
|                                     |          |                      | <u>\$11,425.18</u>        |
| <b>West Virginia Farmers Market</b> |          |                      |                           |
| Processed Food Instruments          | 6291     | 0.0600               | \$363.26                  |
| Food Instruments Returned           | 9        | 0.8500               | \$7.65                    |
|                                     |          |                      | <u>\$370.91</u>           |
|                                     |          | <b>INVOICE TOTAL</b> | <u><b>\$12,057.11</b></u> |

Terms: Net, Receipt of Invoice

SEND REMITTANCE TO:  
 Covansys  
 22475 Network Place  
 Chicago, IL 60673-1224

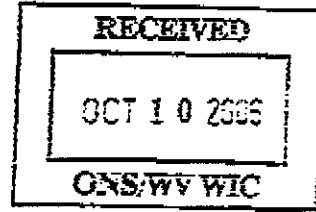
**WV DIVISION OF HEALTH  
 STATE WIC PROGRAM**

I hereby certify that the items listed herein have been received and approved for payment.

9-11-06 Mary Ferris  
 Date Name



INVOICE



State of West Virginia  
 Dept of Health & Human Resources  
 Office of Nutrition Services  
 Attn: Denise Ferris  
 350 Capitol Street, Room 519  
 Charleston, WV 25301-3717

Invoice Date: 10/03/06  
 Invoice No: 90097741

Operational Charges for the Month of September 2006

| Description                         | Quantity | Price                | Amount                    |
|-------------------------------------|----------|----------------------|---------------------------|
| <b>West Virginia WIC</b>            |          |                      |                           |
| Processed Food Instruments          | 116,822  | 0.0800               | \$9,345.76                |
| Food Instruments Returned           | 457      | 0.8500               | \$391.85                  |
| Stamp from Endorsement              | 557      | 0.4250               | \$236.73                  |
| Data Entry for No Issuance Checks   | 3        | 0.6500               | \$1.95                    |
| ACH Repayment Transactions          | 86       | 0.9500               | \$81.70                   |
| Wire Transfer Fee                   | 20       | 6.0000               | \$120.00                  |
| Compliance Buy                      | 4        | 0.0000               | \$0.00                    |
|                                     |          |                      | <u>\$10,178.02</u>        |
| <b>West Virginia Farmers Market</b> |          |                      |                           |
| Processed Food Instruments          | 6183     | 0.0600               | \$494.64                  |
| Food Instruments Returned           | 13       | 0.8500               | \$11.05                   |
|                                     |          |                      | <u>\$505.69</u>           |
|                                     |          | <b>INVOICE TOTAL</b> | <u><b>\$10,683.71</b></u> |

Terms: Net, Receipt of Invoice

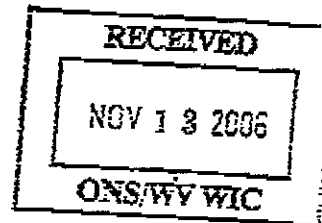
SEND REMITTANCE TO:  
 Covansys  
 22475 Network Place  
 Chicago, IL 60673-1224

**WV DIVISION OF HEALTH  
 STATE WIC PROGRAM**

I hereby certify that the items listed hereon have been received and approved for payment.

10-11-06 *Mary Ferris*  
 Date Name

Covansys



INVOICE

State of West Virginia  
 Dept of Health & Human Resources  
 Office of Nutrition Services  
 Attn: Denise Ferris  
 350 Capitol Street, Room 519  
 Charleston, WV 25301-3717

Invoice Date: 11/02/06  
 Invoice No: 90098432A

Operational Charges for the Month of October 2006

| Description                         | Quantity | Price                | Amount                    |
|-------------------------------------|----------|----------------------|---------------------------|
| <b>West Virginia WIC</b>            |          |                      |                           |
| Processed Food Instruments          | 127,805  | 0.0800 ✓             | \$10,224.40               |
| Food Instruments Returned           | 560      | 0.8500 ✓             | \$476.00                  |
| Stamp from Endorsement              | 581      | 0.4250 ✓             | \$246.83                  |
| Data Entry for No Issuance Checks   | 184      | 0.6600 ✓             | \$121.44                  |
| ACH Repayment Transactions          | 63       | 0.9500 ✓             | \$60.85                   |
| Wire Transfer Fee                   | 21       | 5.0000 ✓             | \$105.00                  |
| Compliance Buy                      | 5        | 0.0000               | \$0.00                    |
|                                     |          |                      | <u>\$11,254.62</u>        |
| <b>West Virginia Farmers Market</b> |          |                      |                           |
| Processed Food Instruments          | 6020     | 0.0800 ✓             | \$481.60                  |
| Food Instruments Returned           | 48       | 0.8500 ✓             | \$40.80                   |
|                                     |          |                      | <u>\$522.40</u>           |
|                                     |          | <b>INVOICE TOTAL</b> | <u><b>\$11,777.02</b></u> |

Terms: Net, Receipt of Invoice

SEND REMITTANCE TO:  
 Covansys  
 22475 Network Place  
 Chicago, IL 60673-1224

WV DIVISION OF HEALTH  
 STATE WIC PROGRAM  
 I hereby certify that the  
 items listed herein have  
 been received and approved  
 for payment.

11-14-06 *Mary Ferris*  
 Date *Mary Ferris*

|         |                |
|---------|----------------|
| Vendor: | Spending Unit: |
|---------|----------------|

Requisition No.: WIC 80480

**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