

MODZMA

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

PSH80195

PAGE	****
	1

*****ADDRESS:CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

aT-e ⊢o

HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

DATE PRINT	ED TER /2007	MS OF SALE	SHIP VIA	FOB.	FREIGHTTERMS
BID OPENING DATE:		72007	BID	OPENING TIME O	1:30PM
LINE	QUANTITY	UOP CAT	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	125	EA	410-03		
			BED, FOR A MATTRESS	WIDTH 80"X36"	
			VC FULL ELECTRIC LO	W BED OR EQUAL,	
	MANUFACTURE	R:	MODEL	, #	
0002	. ,	EA	410-03		
	125 PANACEA ORI		ESSURE REDUCING MAT	TRESS OR EQUAL	
			ESSURE REDUCING MAT	TRESSES OR EQUAL	, ,
	MANUFACTURE	R:	MODEL	. #	
0003	35	EA	410-03		
			FOSITION SIDE RAIL	S FOR BEDS	
	INVACARE MO SPECIFICATI		LE-DLX OR EQUAL, PE	R ATTACHED	
	MANUFACTURE	R:	MODEL	. #	•
SIGNATURE		SEE	REVERSE SIDE FOR TERMS AND COND TELEPHONE	OITIONS DATE	
TITLE	\FE	EIN		ADDRESS CHANGES	TO BE NOTED ABOVE
				ADDRESS CHANGES	IO BE NOTED ADOVE

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 Viginia 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



MODUMA

RFQ COPY

TYPE NAME/ADDRESS HERE

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 PSH80195

2

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

S p Ţ HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6614

DATE PRINTED TERMS OF SALE SHIP VIA FOB. FREIGHTTERMS 08/08/2007 09/06/2007 OPENING TIME BID OPENING DATE: QUANTITY UOP LINE ITEM NUMBER UNIT PRICE AMOUNT 0004 EA 410-03 10 3/4 LENGTH SIDE RAILS FOR BEDS LISTED ABOVE. INVACARE MODEL #1H6808-A OR EQUAL, PER ATTACHED SPECIFICATIONS. MANUFACTURER: MODEL #.. CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN. IN THE EVENT THE VENDOR/CONTRACTOR FILES BANKRUPTCY: FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATI-CALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER. INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF AUGUST 21, 2007. BUSINESS ON QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, H-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE DATE TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOVE



DODZEK

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

RFO NUMBER PSH80195

	77	٩O	
•••		C	
			_
			-

****ADDRESS:CORRESPONDENCE TO ATTENTION OF **

ROBERTA WAGNER 304-558-0067

6H-P +0 HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

DATE PRINTED 08/08/2007	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHTTERMS
BID OPENING DATE:	09/06/2007	L BID	OPENING TIME C]:30PM
LINE QUAN	i eve	ITEM NUMBER	UNIT PRICE	AMOUNT
1	WASHINGTON STREE ESTON, WV 25311	T, EAST		
1	304-558-4115 L: RWAGNER@WVADN	IN.GOV		
THIS	IS A RE-BID OF F	SH80193.		
THE A INTEN PARTI ALTER LITER INFOR REJEC TO WA IN AC	CCEPTABLE LEVEL DED TO REFLECT A CULAR BRAND OR V NATES SHOULD SO ATURE AND SPECIA MATION FOR ANY A TION OF THE BID. IVE MINOR IRREGU CORDANCE WITH SE	LTERNATES MAY BE THE STATE RESE	AND ARE NOT AVOR ANY WHO ARE BIDDING E PERTINENT RE TO PROVIDE GROUNDS FOR RVES THE RIGHT OR SPECIFICATION OF THE WEST	S
	VENDOR I	REFERENCE CERTIF	ICATE	
PREFE	RENCE IN ACCORDA	LICATION* IS HER NCE WITH WEST VI LY TO CONSTRUCTI	RGINIA CODE,	
1	PPLICATION IS MA	DE FOR 2.5% PREF	ERENCE FOR THE	
(4) Y	ESIDED CONTINUOU	DIVIDUAL RESIDEN SLY IN WEST VIRG PRECEDING THE D	INIA FOR FOUR	
()	BIDDER IS A PAR	TNERSHIP, ASSOCI	ATION OR CORPORA-	
	SEERE	VERSE SIDE FOR TERMS AND COM		
SIGNATURE		TELEPHONE	DATE	
TITLE	FEIN		ADDRESS CHANGES	TO BE NOTED ABOVE



ANDOR

RFO COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

PSH80195

PAGE

4

....ADDRESS:CORRESPONDENCE TO ATTENTION:OF

ROBERTA WAGNER 304-558-0067

&H-₽ -0 HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6614

DATE PRINTED TERMS OF SALE SHIP VIA FOB. FREIGHT TERMS ... 08/08/2007 BID OPENING DATE: 09/06/2007 BIDOPENING TIME LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT TION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-OUARTERS OF PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIF, ASSOCIATION OR CORPORATION RESIDENT VENDO WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEAQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED: BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID; OR BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE DATE TELEPHONE TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOVE



DATE PRINTED

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for **Quotation**

RFO NUMBER PSH80195 5

****ADDRESS:CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

S H þ Ť

SHIP VIA

HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

F.O.B.

BECKLEY, WV

304-256-6614

FREIGHT TERMS

25801

TERMS OF SALE

08/08/2007				
BID OPENING DATE: 09/0	5/2007	RID	OPENING TIME (01:30PM
LINE QUANTITY	UOP CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
SUBSIDIARY WHO HAVE R YEARS IMME	S EMPLOYEE SIDED IN T IATELY PRE	OR BIDDERS' AFFILS ARE RESIDENTS OF THE SECRETARY OF	OF WEST VIRGINIA DUSLY FOR THE TWO N OF THIS BID.	
DETERMINES FAILED TO PREFERENCE PURCHASING ORDER ISSU BIDDER IN . AND THAT S	THAT A BILL ONTINUE TO THE SECRE TO: (A) FOR (B) AMOUNT NOT THE SECRE TO THE SECRET TO THE	DER RECEIVING PRE MEET THE REQUIRE TARY MAY ORDER THE ESCIND THE CONTRA ASSESS A PENALTY OT TO EXCEED 5% COMBINED BAID OM ANY UNPAID BAI	EFERENCE HAS EMENTS FOR SUCH HE DIRECTOR OF ACT OR PURCHASE AGAINST SUCH OF THE BID AMOUNT THE CONTRACTING	
DISCLOSE AND PURCHASING TAX AND REPURCHASING BIDDER HAS THAT SUCH TAXES PAID	Y REASONAE DIVISION A ENUE TO DI APPROPRIAT PAID THE E NFORMATION NOR ANY OT	CERTIFICATE, BID LY REQUESTED INFO ND AUTHORIZES THE SCLOSE TO THE DIR E INFORMATION VER EQUIRED BUSINESS DOES NOT CONTAIN HER INFORMATION DURING TO THE NOTATION DURING THE NOTATION DURI	RMATION TO THE DEPARTMENT OF RECTOR OF RIFYING THAT TAXES, PROVIDED THE AMOUNTS OF	K
CODE 61-5- CERTIFICAT THAT IF A CONTAINED TERM OF TH), BIDDER IS TRUE A ONTRACT IS ITHIN THIS CONTRACT,	FOR FALSE SWEARIN HEREBY CERTIFIES ND ACCURATE IN AL ISSUED TO BIDDER CERTIFICATE CHAN BIDDER WILL NOTI N WRITING IMMEDIA	THAT THIS L RESPECTS; AND C AND IF ANYTHING IGES DURING THE FY THE	
	BIDE	ER:	ortions	-
SIGNATURE		TELEPHONE	DATE	
TITLE	EIN		ADDRESS CHANGES	S TO BE NOTED ABOVE



RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for REGINUMBER Quotation PSH80195

PSH80195

٦P	A(3E	
 	1		
			-
			r

**ADDRESS:CORRESPONDENCE:TO:ATTENTION:OF:

ROBERTA WAGNER 304-558-0067

SH-P T HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

DATE PRINT	ED TE	RMS OF SALE	SHIP VIA	FOB.	FREIGHTTERMS
ľ	/2007	6/2007	J	OPENING TIME (11.2/100/
BID OPENING DATE:	09/0		חדם	OPENING TIME)1:30PM
LINE	QUANTITY	UOP CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
	·	DAT	E:		-
	·	sig	NED:		-
		TIT	LE:		-
	IN EITHER ARE ENTITL	"A" OR "B" ED TO RECE PREFERENC O)	ION OF PREFERENCE , OR BOTH "A" AND IVE. YOU MAY REQ E FOR BOTH "A" AN	"B" WHICH YOU UEST UP TO THE	
	A SIGNED B		SUBMITTED TO:		
	PURCH BUILD 2019	ASING DIVI ING 15	DMINISTRATION SION STREET, EAST 25305-0130		
	A CONVENIE	NCE COPY W	OULD BE APPRECIAT	ED.	
	THE ENVELO		IN THIS INFORMATI BID MAY NOT BE CO		-
	SEALED BID		ROBERTA WAGNER/	FILE 22	
		SEE DI	EVERSE SIDE FOR TERMS AND CON	INITIONS	
SIGNATURE		, , , , , , , , , , , , , , , , , , ,	TELEPHONE	DATE	
TITLE	F	FEIN	_	ADDRESS CHANGES	TO BE NOTED ABOVE



RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation

SEONUMBER PSH80195 7

*Addressicorrespondence to Atriention of

ROBERTA WAGNER 304-558-0067

GH-P Ö HEALTH AND HUMAN RESOURCES PINECREST HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

DATE PRINT	ED /2007	TERMS OF SALE	SHIP VIA	FOB	FREIGHTTERMS
BID OPENING DATE:		/06/2007	l BID	OPENING TIME	01:30PM
LINE	QUANTITY	UOP CAT	ITEM NUMBER	UNIT PRICE	AMOUNT
		OU NO			Aucci
	RFQ. NO.	:	-PSH80195		
	BID OPEN	ING DATE:	-09/06/2007		
	* *				
	BID OPEN	ING IIME:	-1:30 PM		max was
			NUMBER IN CASE I	T IS NECESSARY	
	TO CONTA	CT YOU REGARI	ING YOUR BID:		
	CONTACT	PERSON (PLEAS	E PRINT CLEARLY)	:	
	*****	THIS IS THE	ND OF RFQ PSH8	0195 ***** TOTA] :
·					
		SEERE	 VERSE SIDE FOR TERMS AND CON	IDITIONS	
SIGNATURE			TELEPHONE	DATE	
TITLE		FEIN		ADDRESS CHANGES	S TO BE NOTED ABOVE
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EN DECDONDI	NO TO DEC INCER	T NAME AND ADDRESS I	NICOACE ADOVE LABELL	TO IVENDODI

Specifications

Vendor must furnish and deliver 125 hospital beds with mattresses and assistive devices as per the following specifications, to Pinecrest Hospital, 105 S. Eisenhower Drive, Beckley, WV 25801

REQUIREMENTS

125 Electric Hospital Beds (Invacare 5410 Low IVC Full Electric Low Bed or equal quality level) for long term healthcare environment within a state owned hospital. Beds and mattresses must meet the following requirements:

Beds (Length/Width)

125 beds with a 80" Mattress Length, 36" Width

Height of Beds:

Deck Height range at a lowest position must be 12" high or lower from floor to bottom of mattress. Highest position should be at

least 17" or higher.

Material:

Bed frame must be constructed of metal.

Other specifications:

Bed Head and Footboards that are Biltmore Cherry or equal

wood grain in color.

Electric bed: raising head and foot of the bed, and manual or

electric adjustable height mechanism.

Beds must have four casters, (two lockable and two fixed).

Weight Capacity of Bed:

Maximum capacity of 400 lbs.

Assistive Devices:

35 Sets of Invacare Model #RAILE-DLX or equivalent

1/4 (Assist) 3 position side rails

10 Sets of Invacare Model #1H6808-A or equivalent

3/4 side rails.

All side rails must be rust resistant.

All side rails must be adjustable (up and down).

All side rails must comply with CMS guidelines with regard to

entrapment issues.

Mattresses:

125 Panacea Original Pressure Reducing Mattresses or equivalent to fit bed sizes listed above and mattress thickness of at least six (6) inches. Please note all mattresses must meet all OHFLAC and CMS guidelines with regard to gaps between Headboard, Footboard, and side rails. Mattresses must meet all fire regulatory standards for a hospital environment. Weight Capacity of Mattress must be at least 350 lbs.

Vendor's quotation must include all charges to supply and deliver the beds, mattresses and assistive accessories to Pinecrest Hospital.

Item	Qty	Bed Size for Mattress Length/Width	Width	Price Each	Total
Electric Be	ds Only				
	125	80" x 36"	Standard Width	\$	
Mattresses	Only for a	above beds.			
	125	80" x 36"	Standard Width	\$	
Side Rails	Only	Side Rail Leng	gth for above beds.		
	35 Sets	1/4 lengt	1/4 length of mattress		
	10 Sets	3/4 lengt	h of mattress	\$	
				TOTAL	

Bed Manufactu	rer:	Model#			
		Model#			
		Model#			
Vendor must pr	rovide descriptive brochures and/or publica	ations on the items bid.			
References: Vendor must provide two (2) West Virginia references for the users of the nospital bed quoted. Please provide the name, contact person, address, and telephone number of the user/purchaser of the hospital bed.					
Reference #1:					
Reference #2:					

Vendor's failure to provide information may be considered grounds for disqualification. The State reserves the right if necessary to ask vendor for additional information to clarify their Quotation.

Delivery Instructions

Vendor shall provide 48 hours notice of delivery to the hospital Business Manager. All items are be delivered within twelve (12) weeks after Receipt of Order.

Insurance Requirements:

The Vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. Proof of insurance shall be provided by the Vendor at the time the contract is awarded. The Vendor shall maintain and furnish proof of coverage of general liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the Vendor, its agents and employees in the following amounts:

- a) For bodily injury (including death): minimum \$500,000.00 per person, \$1,000,000.00 per occurrence.
- b) For property damage and liability: minimum \$1,000,000.00 per occurrence.

Invoices and Payments

The vendor shall submit monthly invoices, in arrears, to the Accounts Payable office at Pinecrest Hospital for all services provided pursuant to the terms of the contract. The Hospital reserves the right to reject any or all invoices for which proper documentation has not been provided. The vendor will be notified within ten (10) working days of any invoice deficiencies.

State law forbids payment of invoices prior to receipt of services.

BEO No. PSH8019

STATE OF WEST VIRGINIA Purchasing Division

011

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit **www.state.wv.us/admin/purchase/privacy** for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name:	
Authorized Signature:	Date:

Purchasing Affidavit (Revised 04/15/07)