



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
 WEH80225

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
 WELCH COMMUNITY HOSPITAL

 454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/13/2007				

BID OPENING DATE: 12/20/2007 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. BID OPENING DATE HAS BEEN MOVED FROM 11/21/2007 TO 12/20/2007.						
2. QUESTIONS AND ANSWERS ARE ATTACHED.						
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.						
EXHIBIT 10						
REQUISITION NO.: WEH80225						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF TH						

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 may be deemed null and void, and 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



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

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
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VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
11/13/2007				
BID OPENING DATE: 12/20/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY 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. SIGNATURE COMPANY DATE REV. 11/96 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'

Welch Community Hospital
WEH80225
Addendum #1

Q-1) Section 3.2: It is our interpretation that Welch Community Hospital is interested in a claim management solution (with editing, tracking, and workflow tools) with a clearinghouse connection, versus simply a direct 837 clearinghouse connection. Please confirm whether this interpretation is correct.

A-1) Yes, your interpretation is correct. We need all of our claims to go through a "scrubber".

Q-2) The use of the term "automated" in Sections 1.1, 6.2, and in Cost Sheet Item #4: When referring to automated transactions, please clarify that "automated" refers to processing these transactions electronically, rather than automatically initiating transactions without user intervention when referring to claims and/or eligibility transactions.

A-2) "Automated" does refer to processing these transactions electronically.

Q-3) Section 3.5: Does this section pertain to claims, statements or both?

A-3) Section 3.5 pertains to both claims and statements.

Q-4) Section 3.7: For what time period do you wish to have access to prior statements? Prior 6 months? 1 year?

A-4) I would like to have on-line access to prior statements for one year period and unlimited access to achieved claims.

Q-5) Section 5.2: Does this section pertain to claims, statements, or both?

A-5) This section pertains to both claims and statements.

Q-6) Section 12.3: Is this a requirement for the vendor to submit an RFQ response, and if so, how does a vendor go about becoming a registered bidder?

A-6) Instructions for becoming a registered vendor can be found on the attached WV1 Vendor Registration Form. Additionally, the successful vendor will also need to complete a W9 to get registered on the FIMS Accounting System.

Q-7) In the Cost Sheet, Item #5 states quantities and unit cost in terms of claims, but the description states both statements and claims. Is this for pricing of statements? Is your average monthly volume of statements 15,000 statements?

A-7) The quantities in the cost sheet, item #5 should be in terms of statements instead of claims. The average monthly volume of statements is 15,000.

Q-8) In the Cost Sheet, is Item #6 just for statement processing?

A-8) Item #6 in the cost sheet is just for statement processing. It should read monthly "statements" instead of claims.

Q-9) In the Cost Sheet, there is not an item # for the pricing of Section 3.7. Should we just add an additional line item?

A-9) The pricing for section 3.7 needs to be included so add an additional line item.

Q-10) What Hospital Information System is Welch Hospital currently using? Does this system produce a 270 for transmission and receive a 271 to display the real-time eligibility information? Or will a separate interface for review of insurance eligibility results be required?

A-10) Currently Welch Community Hospital is in the process of phasing out the current vendor CPSI and has already installed EZ-Access Keane. Welch does not currently have verification capabilities and does not produce a 270 nor receive a 271 report.

Q-11) What EDI vendor is Welch Hospital currently using?

A-11) CPSI is the current EDI vendor.

Q-12) Are any of the items stipulated negotiable? For example, The "Right to Terminate" with 30 days written notice; could this be 60 days? 90 days?

A-12) The "Right to Terminate" is the standard language approved by the WV State Attorney Generals Office. Any alternate language would have to be approved by that office.

Q-13) Should hardware acquisition be required to operate the successful bidder's applications, will that hardware be:

- a. purchased and owned by Welch Hospital; or
- b. purchased and owned by the successful bidder, or
- c. purchased by the bidder and owned by Welch Hospital?

A-13) According to the Welch Hospital IS Manager, any additional hardware required should be purchased by the bidder and will be owned by Welch Community Hospital.

Q-14) Where should bidders list the costs for hardware to be acquired?

A-14) Please add an extra line to the cost sheet for any hardware/additional costs not currently listed on the cost sheet.

Q-15) How is the pre-bid inspection (Item 4.1) to be arranged, and conducted? Will each bidder conduct an exclusive inspection?

A-15) The vendors cannot come in at separate times to review the current process. All vendors interested in reviewing the current process should contact Hazel Addair at least 10 days prior to the bid opening date, to establish a specific date for an inspection. No vendor will be allowed to inspect the process after the date has been established. No questions or requests concerning the system can be addressed at the inspection. There will be No Pre-Bid Conference. There will be a pre-bid inspection held on December 11, 2007 at 10:00 AM at the facility.

Q-16) Item 4.2 indicates that the "successful bidder shall receive approved test claims from all insurance carriers." Did you mean to say that the bidder shall receive approval of test claims? The Clearinghouse does not receive claims from the insurance carriers, but rather from the providers.

A-16) 4.2 should state: The successful bidder shall receive approval of test claims from all insurance providers prior to actual live transmissions.

Q-17) What is intended by the stipulation in Item 8.1 that "testing accepted by insurance carriers"? If a vendor is already testing successfully exchanging electronic files with all of the insurance carriers with whom Welch Hospital intends to transact, does the State of WV require that further testing be accomplished?

A-17) Yes, testing shall be required to confirm approval of claims transmitted successfully in correct format to insurance providers.

Q-18) What flexibility is available for the time requirement noted in Item 9.1 (requiring that all installation and claim transmissions testing shall be completed and approved within 30 calendar days after receipt of approved purchase order), given that some insurance companies take longer than 30 days to approve provider numbers set up through a new submitter ID?

A-18) The intent of 9.1 is to assure that the system is up and running in a timely manner. We will extend the completion date to no more than 60 days from the date the contract is awarded.

Q-19) Will Welch Hospital wish to operate in a test environment, parallel to the live system, prior to going live with the successful bidder?

A-19) No, Welch does not wish to operate in a test environment parallel to the live system.

Q-20) With regard to 12.3, how can a vendor ensure that they are registered with all State entities as required?

A-20) The following websites should provide the information needed to insure a business is registered to do business with and in the State of West Virginia.

www.Business4WV.com

<http://www.state.wv.us/admin/purchase/vrc/default.htm>

Q-21) The documentation for the RFQ references certain terms and conditions in a contract, but there does not appear to be any contract attached. Can you send us the contract that will apply to the proposed arrangement? Due to the nature of the services that we provide, we will need to negotiate several of the provisions that you say will be in the contract. Can you direct us to the party with whom we will need to negotiate the contractual terms?

A-21) Once all bids are received and an award made to the successful low bidder on the RFQ, the terms and conditions in the RFQ, become the contract. There are no additional terms and conditions negotiated. If a bidder takes exception to any of the terms and conditions in the RFQ they must clearly state their exception in their bid as well as any alter language they wish to offer to resolve the exception. Exceptions will be acknowledged, but may or may not be accepted, at the States discretion.

Form **W-9**
(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Please print or type

Name (See Specific Instructions on page 2.)

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 on page 2.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

WV-1
REV. 06/08/06

**STATE OF WEST VIRGINIA
PURCHASING DIVISION**

VENDOR REGISTRATION AND DISCLOSURE STATEMENT

Dear Vendor:

Before a vendor is eligible to sell goods and/or services to the State of West Virginia, the *West Virginia Code* (§5A-3-12) requires all vendors to have on file with the West Virginia Purchasing Division a completed Vendor Registration and Disclosure Statement.

All vendors wishing to participate in the competitive bid process and receive purchase orders from the State of West Virginia exceeding one thousand dollars (\$1,000) are required to complete the Vendor Registration and Disclosure Statement (WV-1 form) and pay a \$125.00 annual fee. Payment of the annual fee includes access to the *West Virginia Purchasing Bulletin*, which is updated online weekly, advertising purchases expected to exceed twenty-five thousand dollars (\$25,000).

Please complete this form in its **ENTIRETY** and return it with a check or money order made payable to the **STATE OF WEST VIRGINIA** in the amount of \$125.00. Incomplete forms will not be processed and will be returned to the vendor. Please send completed form and payment to:

**Purchasing Division
Vendor Registration
2019 Washington Street East
P.O. Box 50130
Charleston, WV 25305-0130**

Pages 1 and 2 which consist of information related to vendor organizational structure must be completed. Whenever a change occurs in the information submitted as required, such change shall be reported immediately in the same manner as required in the original disclosure affidavit (**WV Code §5A-3-12**). If you have any questions concerning the Vendor Registration and Disclosure Statement, please call the Purchasing Division at (304) 558-2311.

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Return to the West Virginia Purchasing Division

1. Legal Name of Company/Individual _____
 Bidding Address _____

 City/State/Zip _____
 Contact Person _____
 Telephone Number _____ FAX Number _____

2. Vendor Classified As:

_____ Individual	_____ Governmental Entity
_____ Sole Proprietorship	_____ Non-Profit Organization
_____ Partnership	_____ Other (Explain) _____
_____ Estate/Trust	_____
_____ Corporation	_____
_____ Public Service Corp	_____

3. If you have a Federal Employer's Identification Number enter it. All partnerships, corporations, sole owners, or companies with employees must have an FEIN.

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For individuals with no FEIN, enter Social Security Number.

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4. By providing the following information, I represent that this enterprise is a small business as defined by the *Code of Federal Regulations*, Title 13, Part 121, as appended - which contains detailed industry definitions and related procedures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected in the information provided. *Check all that apply.*

_____ Disabled Small Business Ownership [1]	_____ Veteran Small Business Ownership [4]
_____ Minority Small Business Ownership [2]	_____ Woman Small Business Ownership [5]
_____ Small Business Ownership [3]	

The information gathered in question 7 is for data collection efforts only.

VENDOR REGISTRATION AND DISCLOSURE STATEMENT

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

5. Are you registering as a new vendor with the Purchasing Division? _____ **No** _____ **Yes**

6. Are you updating the information previously submitted? _____ **No** _____ **Yes**

7. Are you completing this form to register a branch/division/subsidiary?
If yes, please list the parent company's name, address, and FEIN. _____ **No** _____ **Yes**

Company Name: _____

Address: _____

FEIN: _____

8. Has the vendor done business under another name? If so, list the name and address under which the business was conducted.

Name	Address (St. & No.), City & State
_____	_____
_____	_____

9. List the name, title and residence location of all officers. Attach an additional sheet if space is needed.

Name	Position	Residence Address (St. & No.), City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. List the name and telephone number of one or more banking institutions to serve as reference for the vendor.

11. What is the latest Dun & Bradstreet rating on the vendor *(if there is any such rating)?*

12. Is the vendor acting as an agent for some other individual, firm or corporation? If yes, attach statement of the principal authorizing such representation.

_____ **No** _____ **Yes**

13. List the three digit commodity code number(s) from the list on pages 3 and 4 which best describe the product(s)/service(s) furnished by your company. *(Attach additional page, if necessary)*

As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete.

_____ *Vendor Signature*

_____ *Title*

_____ *Date*

PURCHASING DIVISION USE ONLY

Vendor ID: _____

Check No.: _____

Memo No.: _____

Date: _____

Entered by: _____

Commodity Code Listing

CLASS	DESCRIPTION	CLASS	DESCRIPTION
005	ABRASIVES	233	CRAFTS, SPECIALIZED
010	ACOUSTICAL TILE, INSULATING MATERIALS, & SUPPLIES	240	CUTLERY, DISHES, FLATWARE, GLASSWARE, TRAYS, SUPPLIES
015	ADDRESSING, COPYING, MIMEOGRAPH MACHINES	245	DAIRY EQUIPMENT & SUPPLIES
020	AGRICULTURAL EQUIPMENT	250	DATA PROCESSING CARDS & PAPER
022	AGRICULTURAL, PARTS	920	DATA PROCESSING SERVICES & SOFTWARE
025	AIR COMPRESSORS & ACCESSORIES	255	DECALS & STAMPS
031	AIR CONDITIONING, HEATING, & VENTILATING EQUIPMENT	260	DENTAL EQUIPMENT & SUPPLIES
035	AIRCRAFT & AIRPORT, EQUIPMENT, PARTS & SUPPLIES	265	DRAPERIES, CURTAINS, UPHOLST. MATERIALS (& AUTO)
905	AIRCRAFT OPERATIONS SERVICES	271	DRUGS, PHARMACEUTICAL, & SETS
040	ANIMALS	924	EDUCATIONAL SERVICES
045	APPLIANCES & EQUIPMENT, HOUSEHOLD TYPE	280	ELECTRICAL CABLES & WIRES (NOT ELECTRONIC)
906	ARCHITECT-ENGINEER & PROF DESIGN SERVICES	285	ELECTRICAL EQUIP. & SUPPLIES (EXCEPT CABLE & WIRE)
050	ART EQUIPMENT	287	ELECTRONIC COMPONENTS, REPLACE. PARTS, & ACCESS.
052	ART OBJECTS	295	ELEVATORS, BUILDING TYPE
715	AUDIOVISUAL MATERIALS (PREPARED)	300	EMBOSSING & ENGRAVING
055	AUTOMOTIVE ACCESSORIES	290	ENERGY COLLECTING EQUIPMENT: SOLAR & WIND
065	AUTOMOTIVE BODIES, PARTS	305	ENGINEERING EQUIP., SURVEYING EQUIP., DRAWING
060	AUTOMOTIVE PARTS	310	ENVELOPES, PLAIN OR PRINTED
075	AUTOMOTIVE SHOP EQUIPMENT	315	EPOXY BASED FORMULATIONS FOR ADHESIVES, COATINGS
070	AUTOMOTIVE VEHICLES & TRANSPORTATION EQUIPMENT	929	EQUIPMENT MAINTENANCE, ETC., AG, AUTO, INDUSTRIAL
080	BADGES, EMBLEMS, NAME TAGS & PLATES, JEWELRY, ETC.	931	EQUIPMENT MAINTENANCE, ETC., APPLIANCE, FURNITURE
085	BAGS, BAGGING, TIES, & EROSION CONTROL EQUIPMENT	934	EQUIPMENT MAINTENANCE, ETC., GENERAL
090	BAKERY EQUIPMENT	938	EQUIP. MAINTENANCE, ETC., LAUNDRY, LAWN, PLUMBING
375	BAKERY PRODUCTS	936	EQUIPMENT MAINTENANCE, ETC., MEDICAL
095	BARBER & BEAUTY SHOP EQUIPMENT & SUPPLIES	939	EQUIPMENT MAINTENANCE, ETC., OFFICE, PHOTO, TV
100	BARRELS, DRUMS, KEGS, & CONTAINERS	318	FARE COLLECTION EQUIPMENT & SUPPLIES
105	BEARINGS (WHEEL BEARINGS & SEALS - SEE CLASS 060)	320	FASTENING EQUIPMENT
110	BELTS & BELTING: CONVEYOR, ELEVATOR, POWER TRANS.	325	FEED, BEDDING, VITAMINS & SUPPLEMENTS FOR ANIMALS
115	BIOCHEMICALS, RESEARCH	330	FENCING
270	BIOLOGICALS FOR HUMAN USAGE	335	FERTILIZERS & SOIL CONDITIONERS
120	BOATS, MOTORS, & MARINE & WILDLIFE SUPPLIES	946	FINANCIAL SERVICES
125	BOOKBINDING SUPPLIES	340	FIRE PROTECTION EQUIPMENT & SUPPLIES
908	BOOKBINDING, REBINDING, & REPAIRING	345	FIRST AID & SAFETY EQUIP. (NOT NUCLEAR OR WELDING)
135	BRICKS & OTHER CLAY PRODUCTS, REFRACTORY MATERIALS	350	FLAGS, FLAG POLES, BANNERS, & ACCESSORIES
140	BROOM, BRUSH, & MOP MFC MACHINERY & SUPPLIES	360	FLOOR COVERING, INSTALLATION, REMOVAL & SUPPLIES
145	BRUSHES (NOT OTHERWISE CLASSIFIED)	365	FLOOR MAINTENANCE MACHINES
150	BUILDER'S SUPPLIES	370	FOOD PROCESSING & CANNING EQUIPMENT & SUPPLIES
910	BUILDING MAINTENANCE & REPAIR SERVICES	380	FOODS: DAIRY PRODUCTS
155	BUILDINGS & STRUCTURES: FABRICATED & PREFABRICATED	385	FOODS: FREEZE-DRIED, FROZEN, READY-TO-EAT
160	BUTCHER SHOP & MEAT PROCESSING EQUIPMENT	390	FOODS: PERISHABLES
165	CAFETERIA & KITCHEN EQUIPMENT, COMMERCIAL	393	FOODS: STAPLES
175	CHEMICAL LABORATORY EQUIPMENT & SUPPLIES	395	FORMS, CONTINUOUS: COMP. PAPER, LABELS & FOLDERS
180	CHEMICAL RAW MATERIALS	400	FOUNDRY CASTINGS, EQUIPMENTS, AND SUPPLIES
190	CHEMICALS & SOLVENTS, COMMERCIAL (IN BULK)	405	FUEL, OIL, GREASE & LUBRICANTS
192	CLEANING COMPOSITIONS, DETERGENTS (PREPACKAGED)	415	FURNITURE, LABORATORY
193	CLINICAL LABORATORY REAGENTS & TESTS	425	FURNITURE, OFFICE
195	CLOCKS, TIMERS, WATCHES, & EQUIPMENT	420	FURNITURE: CAFE, CHAPEL, DORM, HOUSE, SCHOOL
200	CLOTHING, APPAREL, UNIFORMS, & ACCESSORIES	410	FURNITURE: HEALTH CARE & HOSPITAL FACILITY
915	COMMUNICATIONS & MEDIA SERVICES	430	GASES, CONTAINERS, EQUIPMENT: LAB, MED., WELDING
205	COMPUTER SYSTEMS: HARDWARE, SOFTWARE, & SUPPLIES	435	GERMICIDES, HEALTH CARE
210	CONCRETE & METAL CULVERTS, PILING, PIPE, SUPPLIES	440	GLASS & GLAZING SUPPLIES
220	CONTROLLING, INDICATING, MEASURING, SUPPLIES	450	HARDWARE & RELATED ITEMS
225	COOLERS, DRINKING WATER (WATER FOUNTAINS)	948	HEALTH RELATED SERVICES (HUMAN SER. SEE CLASS 952)
232	CRAFTS, GENERAL	745	HIGHWAY BUILDING MATERIALS, ASPHALT

Commodity Code Listing

CLASS	DESCRIPTION	CLASS	DESCRIPTION
475	HOSPITAL, SURGICAL & MEDICAL ACCESSORIES	966	PRINTING, PUBLISHING, SILKSCREENING, TYPESETTING
952	HUMAN SERVICES	961	PROFESSIONAL SERVICES
545	INDUSTRIAL MACHINERY & HARDWARE	710	PROSTHETIC DEVICES: HEARING AIDS, AUDITORY, ETC.
485	JANITORIAL SUPPLIES, GENERAL LINE	968	PUBLIC WORKS, CONSTRUCTION SERVICES
495	LABORATORY & FIELD EQUIPMENT: BIO., BOT., ETC.	720	PUMPING EQUIPMENT & ACCESSORIES
493	LABORATORY EQUIPMENT: BIOCHEM., CHEM., ENV SCI	730	RADIO COMM. & TELECOMMUNICATION TESTING, EQUIP.
490	LABORATORY EQUIPMENT: NUCLEAR, OPTICAL, PHYSICAL	725	RADIO COMMUNICATION, TELEPHONE, & TELECOMM.
505	LAUNDRY & DRY CLEANING COMPOUNDS AND SUPPLIES	735	RAGS, SHOP TOWELS, & WIPING CLOTHS
500	LAUNDRY & DRY CLEANING EQUIPMENT	971	REAL PROPERTY RENTAL OR LEASE
954	LAUNDRY & DRY CLEANING SERVICES	740	REFRIGERATION EQUIPMENT & ACCESSORIES
510	LAUNDRY TEXTILES & SUPPLIES	975	RENTAL, LEASE OF EQUIP. - AG., AIR., AUTO.
515	LAWN MAINTENANCE EQUIPMENT, ACCESSORIES (NON-AG)	977	RENTAL, LEASE OF EQUIP. - APPLIANCES, FILM, FURN.
520	LEATHER & RELATED EQUIPMENT, PRODUCTS, ACCESS.	985	RENTAL, LEASE OF EQUIP. - OFFICE, PHOTO, PRINT, TV
525	LIBRARY & ARCHIVAL EQUIPMENT, & SUPPLIES	979	RENTAL, LEASE OF EQUIP. - ENG. LAB., REFRIG
956	LIBRARY SERVICES	981	RENTAL, LEASE OF EQUIP. - GENERAL EQUIPMENT
530	LUGGAGE, BRIEF CASES, PURSES & RELATED ITEMS	983	RENTAL, LEASE OF EQUIP. - JANITORIAL, LAUNDRY
540	LUMBER & RELATED PRODUCTS	765	ROAD & HIGHWAY EQUIP. (EXCEPT ASPHALT, CONCRETE)
550	MARKERS, PLAQUES, SIGNS, & TRAFFIC CONTROL DEVICES	755	ROAD & HIGHWAY EQUIP., ASPHALT AND CONCRETE
555	MARKING & STENCILING DEVICES	760	ROAD & HIGHWAY EQUIPMENT, EARTH HANDLING
557	MASS TRANSIT, BUS ACCESSORIES	988	ROADSIDE, GROUNDS, & PARK AREA SERVICES
556	MASS TRANSIT, BUSES	770	ROOFING (EXCEPT WOOD - SEE CLASS 540)
559	MASS TRANSIT, RAIL VEHICLE ACCESSORIES & PARTS	775	SALT (SODIUM CHLORIDE) (SEE CLASS 393 FOR TABLE SALT)
558	MASS TRANSIT, RAIL VEHICLES	780	SCALES & WEIGHING APPARATUS (175-08 LAB. BALANCE)
560	MATERIAL HANDLING EQUIPMENT	785	SCHOOL EQUIPMENT & SUPPLIES
565	MATTRESS MANUFACTURING MACHINERY & SUPPLIES	990	SECURITY, FIRE, SAFETY, & EMERGENCY SERVICES
570	METALS: BARS, PLATES, RODS, SHEETS, STRIPS, ETC.,	790	SEED, SOD, SOIL, & INOCULANTS
575	MICROFICHE & MICROFILM EQUIP., ACC., & SUPPLIES	795	SEWING ROOM & TEXTILE MACHINERY, & ACCESSORIES
578	MISCELLANEOUS PRODUCTS	800	SHOES & BOOTS
962	MISCELLANEOUS SERVICES	803	SOUND SYSTEMS, COMPONENTS, ACCESSORIES: I-COM, PA
580	MUSICAL INSTRUMENTS, ACCESSORIES, & SUPPLIES	805	SPORTING & ATHLETIC GOODS
590	NOTIONS, SEWING ACCESSORIES & SUPPLIES	810	SPRAYING EQUIP. (EXCEPT HOUSEHOLD, NURSERY, PAINT)
595	NURSERY STOCK, EQUIPMENT, & SUPPLIES	815	STEAM & HOT WATER FITTINGS, ACCESSORIES, & SUPPLIES
600	OFFICE MACHINES	820	STEAM BOILERS, STEAM HEATING, & POWER PLANT EQUIP.
605	OFFICE MECHANICAL AIDS & SMALL MACHINES	825	STOCKMENEQUIPMENT & SUPPLIES
615	OFFICE SUPPLIES, GENERAL	998	SURPLUS SALES
610	OFFICE SUPPLIES: CARBON PAPER & RIBBONS, ALL TYPES	830	TANKS: MOBILE, PORTABLE, STATIONARY
620	OFFICE SUPPLIES: ERASERS, INKS, LEADS, PENS, PENCILS	832	TAPE (NOT DP, MEASURING, OPTICAL, SEWING, SOUND)
625	OPTICAL EQUIPMENT, ACCESSORIES, & SUPPLIES	840	TELEVISION EQUIPMENT & ACCESSORIES
630	PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER, ETC.	845	TESTING APPARATUS & INSTRUMENTS (NOT ELECT.)
635	PAINTING EQUIPMENT & ACCESSORIES	850	TEXTILES, FIBERS, HOUSEHOLD LINENS, & PIECE GOODS
645	PAPER (FOR OFFICE & PRINT SHOP USE)	855	THEATRICAL EQUIPMENT & SUPPLIES
640	PAPER & PLASTIC PRODUCTS, DISPOSABLE	860	TICKETS, COUPON BOOKS, SALES BOOKS, SCRIPT BOOKS
650	PARK, PLAYGROUND, & SWIMMING POOL EQUIPMENT	893	TIRES & TUBES
964	PERSONNEL, TEMP (EMPLOYMENT AGENCY SERVICES)	445	TOOLS, HAND (POWERED & NON-POWERED)
655	PHOTO. EQUIP (NO GRAPH. ARTS, MICRO, X-RAY)	864	TRAIN CONTROLS, ELECTRONIC
660	PIPES, TOBACCOS, & SMOKING ACCESSORIES	865	TWINE
665	PLASTICS, RESINS, FIBERGLASS	870	VENETIAN BLINDS, AWNINGS, & SHADES
670	PLUMBING EQUIPMENT, FIXTURES, & SUPPLIES	875	VETERINARY EQUIPMENT & SUPPLIES
675	POISONS, AGRICULTURAL & INDUSTRIAL	880	VISUAL EDUCATION EQUIPMENT
680	POLICE EQUIPMENT & SUPPLIES	890	WATER SUPPLY & SEWAGE EQUIP. (NOT AC, LAB.)
685	POULTRY EQUIPMENT & SUPPLIES	885	WATER TREATING CHEMICALS
700	PRINTING PLANT EQUIPMENT & SUPPLIES (EXCEPT PAPERS)	895	WELDING EQUIPMENT & SUPPLIES
705	PRINTING PREPARATIONS: ETCHING, MATS, NEGS., PLATES	898	X-RAY & OTHER RADIOLOGICAL EQUIP. & SUPPLIES