

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

RFONUMBER
WEH80227

PAGE	
	1

ROBERTA WAGNER
304-558-0067

aH-₽ FO

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINT	ED	TEF	IMS OF SAL	E	SHIP VIA		FOB	FREIGHTTERMS
12/12,	/2007	/	/o ['] o o o		D.T.D.			1 2 0 TOM
BID OPENING DATE:		01/16	72008		BID	OP	ENING TIME 0	L:30PM
LINE	QUAN	VTITY	UOP	CAT NO.	ITEM:NUMBER		UNIT PRICE	AMOUNT
0001	MENT SPECI ****	OVIDE FOR WE FICATI *****	LOCUM LCH CO ONS. ****	TENE OMMUN ****	LANKET CONTRACT N COVERAGE FOR T ITY HOSPITAL PER ********** EQUIRED WITH BID ***********************************	***	ATTACHED ************** JBMISSION.	
	OPEN	1 END CO	NTRAC'	T FOR	LOCUM TENENS OB	√GY	YN PHYSICIANS	·
	OB/GY STAFF LOCAT	N PHYS ING RE ED IN	ICIAN QUIRE WELCH	(S) T MENTS , (MC	LOCUM TENENS O SATISFY THE OF HOSPITAL FACTOMELL COUNTY), ATIONS.			
	YEAR NECES ORIGI NOT E TIME"	OF CON OR UNT SARY T NAL CC XCEED THE V	LL SU O OBT NTRAC TWELV ENDOR	A CH "R AIN A T. T E (12 MAY	HIS CONTRACT BEC ND EXTENDS FOR A EASONABLE TIME" NEW CONTRACT OR HE "REASONABLE T) MONTHS. DURIN TERMINATE THIS C E DIRECTOR OF PU	THE THE RE RE IG IG CONT	ERIOD OF ONE (1 EREAFTER AS IS ENEW THE E" PERIOD SHALL THIS "REASONABL TRACT FOR ANY	
				SEERE	VERSE SIDE FOR TERMS AND CO	TIONC		
SIGNATURE					TELEPHONE		DATE	
TITLE		F	EIN				ADDRESS CHANGES	TO BE NOTED ABOVE

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 bld.
- 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 multual 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



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

WEH80227

PAGE

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

ROBERTA WAGNER 304-558-0067

SH-P TO HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304-

DATE PRINT	4,000,000,000,000,000,000	TER	MS OF SAL	E	SHIPV	IA.		FOB.		FREIGHT TERMS
12/12,		() - / - (/~~~					NING TIME		1:30PM
BID OPENING DATE:	100000000000000000000000000000000000000	01/16	/ 2008	100000000000000000000000000000000000000		RTD	OPE	MING LIME	υ.	L:3UPM
LINE	QUAI	VTITY	UOP	CAT NO:	ITEM NUM	MBER.		UNITPRICE		AMOUNT
	150000000000000000000000000000000000000			888888888888888888			000000000000		350000000000000000000000000000000000000	-
	WRITT	EN NOT	ICE.							
	UNLES	S SPEC	IFIC .	PROVI	SIONS ARE	STIPULA	ATED	ELSEWHERE		
	IN TH	IS CON	PRACT	DOCUI	MENT, THE E FIRM FO	TERMS,	CON	DITIONS AN	עו	
	CONTR		neke	IN AR.	E FIRM FOI	X TUG D.	LFE	OF THE		
	COLVIIG	ACI.								
								N THE MUTU	ΓAL	
					E SPENDING					
								HIRTY (30)		
								RENEWAL SHOTIONS OF T		
								TWO (2) C		
		EAR PE						(,		
			,							
	CANCE:	LLATIO	N: TH	E DIR	ECTOR OF	PURCHAS	ING	RESERVES I	HE.	
								UPON WRIT		•
								NOT CONFO		
								RACT HEREI		
								ASING MAY		
					UNIT TO P				•	
					FIED ON T			ON OR COST		
								UNFORESEEN	Ī	
								YS IN TRAN		
			R AN	TUANU	CIPATED	INCREASI	E IN	THE VOLUM	ΙE	
	OF WO	RK.)								
		TTTC.	יזא אדור	PTTTE	L S T.TSTFD	ו יינור ו	BE'OT.	JISITION AR	FT:	
								SUPPLIED BY		
	THE S'	TATE S	PENDI:	NG UN	TT. IT I	S UNDERS	STOC	D AND AGRE	ED	
	THAT '	THE CO	NTRAC'	r sha	LL COVER '	THE QUAI	TIT	TIES ACTUAL	ιLΥ	
								THE CONTRAC	CT,	
	WHETH	ER MOR	E OR	LESS '	THAN THE	ONT.T.T.	LES	SHOWN.		
				 	VERSE SIDE FOR T	ERMS AND CO	I NDITION	ıs		
SIGNATURE						TELEPHONE		3.7	DATE	
TITLE		 FE	in	·····				ADDDECC CUA	NCEC	TO DE NOTED ABOVE
1871 1	ENDERD	ONDING	TO DEC	INIOES	TAIALAT AND	ADDDECC	11105	ADDRESS CHA		TO BE NOTED ABOVE



MODZEK

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

RECNUMBER
WEH80227

PAGE 3

****ADDRESS:CORRESPONDENCE:TO/AFTENTION:OF

ROBERTA WAGNER 304-558-0067

ØH-₽ F0

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINT		RMS OF SALE	SHIP VIA	FOB.	FREIGHTTERMS
12/12			<u>, , , , , , , , , , , , , , , , , , , </u>		1.3ADM
BID OPENING DATE:	01/16	72008	RID	OPENING TIME O	1:30PM
LINE	QUANTITY	UOP CAT.	ITEM NUMBER	UNIT PRICE	AMOUNT
LINE	ORDERING PERING PERING PERING NETTEN STATE VENDOR AS A MAILED TO TRETAINED BY BANKRUPTCY: FOR	ROCEDURE: S ATE CONTRACT FOR COMMOD AL COPY OF AUTHORIZATI THE PURCHAS THE SPEND IN THE E PTCY PROTEC AND VOID, AND CONDITI RSEDE ANY A WHICH MAY	PENDING UNIT(S) ST ORDER (FORM NUITIES COVERED BY THE WV-39 SHALL ING DIVISION, AND ING UNIT. VENT THE VENDOR/GION, THIS CONTRAND IS TERMINATED ONS CONTAINED IN APPEAR ON ANY ATT	SHALL ISSUE A MBER WV-39) TO THIS CONTRACT. BE MAILED TO THE A SECOND COPY D A THIRD COPY CONTRACTOR FILES ACT IS AUTOMATI- D WITHOUT FURTHER THIS CONTRACT F TERMS AND FACHED PRINTED	
	DOCUMENTS S AGREEMENTS	OCH AS PRI OR MAINTEN MEDIUM SUC	CE LISTS, ORDER DANCE AGREEMENTS, H AS CD-ROM.	FORMS, SALES	·
	BUSINESS ON VIA USPS, H NO VENDOR H QUESTIONS W	1 12/25/200 PAX, COURIE RECEIVES AN VILL BE ANS FIONS ARE P	BE ACCEPTED THE 7. QUESTIONS I R, OR EMAIL. IN UNFAIR ADVANTAGE WERED VERBALLY. REFERRED. ADDRES	MAY BE SENT ORDER TO ASSURE E, NO SUBSTANTIVE IF POSSIBLE	
	DEPARTMENT PURCHASING 2019 WASHIN	OF ADMINIS DIVISION GTON STREE		IDITIANS.	
SIGNATURE		SECRE	TELEPHONE	DATE	
TITLE		-EIN			
,,,,c		5-11 7		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 Quotation

þ

T

RFQ NUMBER WEH80227 4

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER

304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV

12/12	/2007	RMS OF SALE	SHIP VIA	FOB	FREIGHTTERMS
BID OPENING DATE:	01/16	/2008	BID	OPENING TIME 0	1:30PM
LINE	QUANTITY	UOP CAT	ITEM:NUMBER	UNITPRICE	AMOUNT
	CHARLESTON, FAX: 304-55 EMAIL: RWA	B-4115			
	EXHIBIT 4			·	
	IN THE BID AND CONDITI AND OTHER L TO POLITICA VIRGINIA. PRICES, TER POLITICAL S CLEARLY IND	HIS REFUSA ONS OF THE OCAL GOVER L SUBDIVIS IF THE VEN MS, AND CO UBDIVISION ICATE SUCE	IES: UNLESS THE LAL TO EXTEND THE LE BID TO COUNTY, SOMENT BODIES, THE STATE OF THE STATE ON THE STATE OF THE STATE, SOME THE STATE, SOME THE STATE, SOME THE STATE, SOME THE STATE OF THE SOME THE STATE OF THE STAT	PRICES, TERMS, SCHOOL, MUNICIPAL E BID SHALL EXTEN E OF WEST H TO EXTEND THE BID TO ALL THE VENDOR MUST BID. SUCH REFUSA	D
	REV. 3/88				
	CURRENTLY U IS ISSUED T MUST ACCEPT	TILIZES A HROUGH A I THE STATI YMENT OF I	PTANCE: THE STATE VISA PURCHASING OF BANK. THE SUCCESS OF WEST VIRGINIZALL ORDERS PLACED OF AWARD.	CARD PROGRAM WHIC FUL VENDOR A VISA PURCHASING	H
		VENDOR	PREFERENCE CERTIF	Γ C Δ T R	
	PREFERENCE 5A-3-37 (DO	ON AND API IN ACCORDA ES NOT API	PLICATION* IS HERI ANCE WITH WEST VII PLY TO CONSTRUCTION ADE FOR 2.5% PREFI	EBY MADE FOR RGINIA CODE, DN CONTRACTS).	
SIGNATURE		SEE R	EVERSE SIDE FOR TERMS AND CON TELEPHONE	NDITIONS DATE	
TITLE	le le	EIN			
IIILE	F	EllA		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

þ

RFQ NUMBER WEH80227 5

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

DATE PRINT	,	RMS OF SALE	SHIP VIA	FOB.	FREIGHTTERMS
BID OPENING DATE:	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	/2008	BID	OPENING TIME b	1:30PM
LINE	QUANTITY	UOP CAT.	ITEM NUMBER	UNITPRICE	AMOUNT
	REASON CHEC	KED:			
	HAS RESIDED	CONTINUOU MMEDIATELY	DIVIDUAL RESIDEN'SLY IN WEST VIRG	INIA FOR FOUR	
	TION RESIDE QUARTERS OR WEST VIRGIN THE DATE OF INTEREST OF PARTNERSHIP WHO HAS MAI OF BUSINESS	NT VENDOR PRINCIPAL IA FOR FOU THIS CERT BIDDER IS ASSOCIAT NTAINED IT CONTINUOU IATELY PRE	AND HAS MAINTAIND PLACE OF BUSINES R (4) YEARS IMMED IFICATION; OR 805 HELD BY ANOTHER ION OR CORPORATION S HEADQUARTERS OF	S CONTINUOUSLY INTELLY PRECEDING FOR THE OWNERSHIES INDIVIDUAL, ON RESIDENT VENDOR PRINCIPAL PLACE	R
	WHICH HAS A A MINIMUM C HAS MAINTAI BUSINESS WI	N AFFILIAT F ONE HUND NED ITS HE THIN WEST ARS IMMEDI	PORATION NONRESIDE OR SUBSIDIARY NEED STATE RESIDER AQUARTERS OR PRINCE ON TINUCATELY PRECEDING	WHICH EMPLOYS NTS AND WHICH NCIPAL PLACE OF	
	B. APPLICA REASON CHEC		DE FOR 2.5% PREF	ERENCE FOR THE	
	DURING THE 75% OF THE ARE RESIDEN THE STATE C	LIFE OF THE EMPLOYEES TS OF WEST ONTINUOUSL	IDENT VENDOR WHO E CONTRACT, ON AT WORKING ON THE PI VIRGINIA WHO HAT Y FOR THE TWO YES OF THIS BID;	VERAGE AT LEAST ROJECT BEING BID VE RESIDED IN	
SIGNATURE		SEE RE	VERSE SIDE FOR TERMS AND CO! TELEPHONE	NDITIONS DATE	
			IELEFRONE	DATE	
TITLE	F	EIN		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

WEH80227

PAGE 6

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

ROBERTA WAGNER 304-558-0067

ω±-₽ ⊢:

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINT	ŒD	TERMS OF	ALE	SHIP VIA		F.O.B	FREIGHTTERMS
12/12							
BID OPENING DATE:	01	/16/200	8	В	SID O	PENING TIME 0	1:30PM
LINE	QUANTITY	UOF	CAT. NO	ITEM:NUMBER		UNIT PRICE	AMOUNT
	MINIMUM NONRESID WHICH MA OF BUSIN OF ONE H DURING T 75% OF T SUBSIDIA WHO HAVE YEARS IM BIDDER U DETERMIN FAILED T PREFEREN PURCHASI ORDER IS BIDDER I AND THAT	OF ONE DENT VEN LINTAINS LESS WITH UNDRED THE LIFE THE EMPI LRY'S EM LRY'S	HUNDRE DOR WI ITS H HIN WE STATE OF TH OYEES PLOYEE D IN T LY PRE NOS IF A BID NUE TO SECRE (A) R R (B) OUNT N ENALTY TED FR	HE STATE CONTICEDING SUBMISS THE SECRETARY DER RECEIVING MEET THE REQUITARY MAY ORDER ESCIND THE CON ASSESS A PENAL OT TO EXCEED 5 WILL BE PAID OM ANY UNPAID	TE OR PRICE TO OF THE	OR IS A SUBSIDIARY CNCIPAL PLACE TING A MINIMUM CIFIES THAT, CRAGE AT LEAST CATE'S OR TWEST VIRGINIA USLY FOR THE TWO OF THIS BID. TAX & REVENUE CERENCE HAS MENTS FOR SUCH CONTRACTING THE BID AMOUNT THE BID AMOUNT	
	DISCLOSE PURCHASI TAX AND PURCHASI BIDDER H THAT SUC TAXES PA COMMISSI	ANY REING DIVI REVENUE ING APPE IAS PAII IN INFOR ID NOR IONER TO	ASONAB SION A TO DI OPRIAT THE R MATION ANY OT BE CC	DOES NOT CONT HER INFORMATIC NFIDENTIAL.	THE THE VERI USS T AIN ON DE	MATION TO THE DEPARTMENT OF CTOR OF FYING THAT TAXES, PROVIDED THE AMOUNTS OF CEMED BY THE TAX	
	1	<u>'</u>	SEE RE	VERSE SIDE FOR TERMS AN			J
SIGNATURE	SIGNATURE TELEPHONE DATE						
TITLE		FEIN				ADDRESS CHANGES	TO BE NOTED ABOVE



MODZM<

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
WEH80227

PAGE 7

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

ROBERTA WAGNER 304-558-0067

#H-P +O

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINT		MS OF SALE	SHIP VIA	F.O.B.	FREIGHTTERMS
12/12, BID OPENING DATE:	0 - 1	/2008	BID	OPENING TIM	E 01:30PM
LINE	QUANTITY	UOP CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
	THAT IF A CONTAINED W	ONTRACT IS ITHIN THIS CONTRACT,	ND ACCURATE IN ALL ISSUED TO BIDDER CERTIFICATE CHAIN BIDDER WILL NOT MMEDIATELY.	R AND IF ANY NGES DURING	THING THE
		BIDD	ER:		
-		DATE	:		
		SIGN	ED:		
		TITL	E:		
	IN EITHER " ENTITLED TO	A" OR "B", RECEIVE. CE FOR BOT	ON OF PREFERENCE OR BOTH "A" AND YOU MAY REQUEST H "A" AND "B".	"B" WHICH Y	OU ARE
		NO	rice .		
	A SIGNED BI	MUST BE	SUBMITTED TO:		
	PURCHA BUILDI	SING DIVIS NG 15			
	2019 W CHARLE		STREET, EAST 25305-0130		
	PLEASE NOTE	: A CONVEN	IENCE COPY WOULD	BE APPRECIA	ATED.
SIGNATURE	,	SEE RE	VERSE SIDE FOR TERMS AND CON TELEPHONE	IDITIONS	DATE
TITLE	FE	iki	TELETHONE	•	DATE
	ļr=	IIV		ADDRESS	CHANGES TO BE NOTED ABOVE



MODUL

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**

WEH80227

PAGE 8

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

ROBERTA WAGNER 304-558-0067

ØH-¤ -

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRIN	ге р те г /2007	RMS OF SALE	SHIP VIA	F.O.B	FREIGHTTERMS
BID OPENING DATE:		/2008	BID	OPENING TIME	1:30PM
LINE	QUANTITY	UOP CAT.	ITEM:NUMBER	UNIT PRICE	AMOUNT
_		LIT D. CONTERN T	N MILLO TNIEODMAMIT		
			ID MAY NOT BE CO	ON ON THE FACE OF NSIDERED:	
	SEALED BID				
	SEATED BID				
	DITUTED		RW/FILE 22		
,				•	
	RFQ. NO.:		WEH80227		. -
	BID OPENING	DATE:	01/16/2008		
	BID OPENING	TIME:	1:30 PM		
				•	
			NUMBER IN CASE IT	r is necessary	
			live 100it Bib.		
	CONTACT PER	SON (PLEAS	E PRINT CLEARLY)		
	A CONVENIEN	CE CODY OF	YOUR BID WOULD I	BE APPRECIATED	
				·	
	·			·	
	,				·
		SEE RE	I VERSE SIDE FOR TERMS AND COM	NDITIONS	1
SIGNATURE			TELEPHONE	DATE .	
TITLE	F	EIN		ADDRESS CHANGES	TO BE NOTED ABOVE
18711	ENI DECDONIDINO	TO DEC INCED	TAIRLE AND ADDDEOD	NICOACE ADOVE LADELE	II /=- IB I



VEZDOR

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**

WEH80227

PAGE 9

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

01 -P +O

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINT		TE	RMS OF SA	ĽΕ		SHIP VI	A		F.O.B	FREIGHTTERMS
12/12, BID OPENING DATE:		101/16	72008				BID	OPEI	NING TIME	01:30PM
LINE	100000000000000000000000000000000000000	NTITY	UOP	CAT. NO:		ITEM:NUM	BER		UNIT PRICE	AMOUNT
				NO						
	****	* THI	s is	THE E	ND OF	' RFQ	WEH8	227	***** TOT	'AL
	-									
				1						·
							:			
										·
							:	,		
							•			
SIGNATURE				SEE RE	VERSE SIL		RMS AND CON	NDITIONS		NE .
TITLE		 F	EIN							
									AUUHESS CHAN	GES TO BE NOTED ABOVE

REQUEST FOR QUOTATION

WEH80227

PURPOSE: To provide an open end contract for the provision of "Locum Tenens" Obstetrics (OB)/Gynecology (GYN) Physician(s) to comply with the staffing needs of Welch Community Hospital, a 124-bed state supported acute care facility. The acute care beds: 8 intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital services the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The words "will", "must", and "shall" listed herein are used to denote mandatory requirements.

LOCATION: Welch Community Hospital at 454 McDowell Street, Welch WV 24801

GENERAL REQUIREMENTS:

The vendor shall provide "Locum Tenens" OB/GYN Physician(s) with license to practice in the state of West Virginia, in an acute care facility.

The vendor will observe the following holidays:

New Year's Day Labor Day Independence Day Memorial Day Thanksgiving Day Christmas Day

MANDATORY REQUIREMENTS:

Vendor shall monitor, assure and document the competency of the staff assigned to provide the aforementioned services to Welch Community Hospital and will provide documentation of such when requested. Certifications obtained by physicians will be accepted as their competency assessment.

MANDATORY QUALIFICATIONS:

- 1. Board eligible/certified in OB/GYN care.
- 2. Certified in Basic Life Support (BLS).
- 3. Current West Virginia Board of Medicine license.
- 4. OB Required Procedure Qualifications:
 - a. Routine Deliveries
 - b. Low Risk Deliveries
 - c. Circumcision
 - d. Fetal Monitor
 - e. Forceps
 - f. C-Section
 - g. Vacuum
- 5. GYN Required Procedure Qualifications:
 - a. General gynecology

b. Colposcopy

PREFERRED QUALIFICATIONS:

- 1. OB Preferred Procedure Qualifications:
 - a. Complicated Pregnancy/Delivery
 - b. High Risk Pregnancy/Delivery
 - c. Twin Delivery
 - d. Breech Delivery
- 2. GYN Preferred Procedure Qualifications:
 - e. Diagnostic laparoscopy
 - f. Laparoscopic surgery
 - g. Bladder surgery
 - h. Urologic procedures
 - i. Posterior repairs

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Vendor shall be responsible for providing "locum tenens" OB/GYN physicians whose duties will include, but are not limited to the following:

- a. Provide coverage for the OB/GYN Clinic whose operating hours are Monday through Friday 8:00 a.m. till 4:00 p.m., 52 weeks per year with the exception of the holidays listed in the section General Requirements
- b. Provide "On-Call" services during all hours of non-clinic times. This includes: Monday through Thursday 5:00 p.m. till 8:00 a.m. and on weekends from 5:00 p.m. Friday evening until 8:00 a.m. Monday morning and holidays.
- c. Making rounds among OB/GYN patients and provide services as needed, 7 days per week.
- d. Supervision of OB clinic Registered Nurses (RN) and Licensed Practical Nurses (LPN) only.
- e. Patient dictations: history, physical, delivery, inpatient and surgeries.
- f. Patient admitting.

AGENCY SHALL:

- a. Contact vendor one week prior to coverage period needed.
- b. Provide an adequate orientation for each employee. Orientation will include, but not be limited to, providing basic information regarding universal precautions. Hospital will comply with OSHA Blood-Borne Exposure Control Regulations and provide site and task specific training regarding safety regulations required by OSHA. Hospital certifies that it has developed and follows an exposure plan in conformance with those regulations. Hospital will provide post-exposure evaluation and make a confidential medical evaluation of the exposure incident. Hospital agrees to provide copies of all records of post-exposure care to vendor.
- c. Provide work schedule for employee.
- d. Provide vendor a written evaluation of employee upon completion of assignment.

e. Agree not to offer permanent employment to employee provided by vendor until the completion of the current assignment and to pay a placement fee (specified in vendor bid proposal) to vendor for hiring of any vendor's employee referred or contracted to the hospital.

SPECIAL TERMS AND CONDITIONS:

Bid and Performance Bonds:

A Bid Bond which equals 5% of the total bid must accompany any quotation. The bid bond amount should be equal to 5% of the total bid amount. For example, if the vendor bids \$500,000 then the bid bond amount should be \$25,000.

Insurance Requirements:

The vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents.

The vendor shall maintain and furnish proof of coverage of 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:

- 1. For bodily injury (including death): \$500,000.00 per person, up to \$1,000,000.00 per Occurrence.
- 2. For property damage and professional liability: Up to \$1,000,000.00 per Occurrence.

DHHR NEEDS TO BE LISTED AS THE CERTIFICATE HOLDER.

License Requirements:

The successful vendor must present evidence of certification or licensure with WV Workers Compensation and Unemployment Funds, a copy of its WV business Certificate and any other license it may be required to hold by the nature of its operation.

Vendor shall submit invoices, in arrears, to Mildred Mitchell-Bateman Hospital, pursuant to the terms of the contract. State Law forbids payment of invoices prior to receipt of goods or services.

BID COST SHEET

Note:

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. Physician housing should be included in the vendor's fee. If the vendor has additional charges they wish to be reimbursed for, the vendor must include the charges in the vendor's fee or they will not be allowed.

	TIMATED JANTITY:	DESCRIPTION	UNIT COST	TOTAL EXTENDED COST
1.	60 days	Daily Rate (OB/GYN Clinic Coverage) (per eight-hour day)	\$	\$
2.	100 hours	Overtime Rate (After Normal Clinic Coverage)	\$	\$
3.	100 ea.	Evening On Call Rate (5:00 pm to 8:00 am) (per beeper on call)	\$	\$
4.	22 ea.	Weekend On Call Rate (5:00 pm Friday To 8:00 am Monday (per beeper on call)	\$	\$
5.	120 hours	Weekend Hour Rate (if called to facility) (per hours worked)	\$	\$
6.	6 ea.	Holiday Rate On Call (per beeper on call)	\$	\$
7.	6 days	Holiday Rate (per eight-hour day)	\$	\$
8.	40 hours	Holiday Rate On Call (if required to be at clinic)	\$	\$
		Grand Total	\$	

There will be no minimum number of weeks per assignment.

Permanent Placement Fee:\$_____, one time fee per each (if any) permanently placed employee by vendor. This fee will not be considered in the evaluation and award of this contract.

THIS SHALL BE A PROGRESSIVE AWARD AND WILL BE MADE ACCORDING TO EACH QUALIFYING VENDOR'S BID RESPONSE AND LOWEST COSTS. LOW BID WILL BE DESIGNATED AS WEH80227A, NEXT LOWEST BID WILL BE WEH80227B, AND SO ON. AGENCY WILL CONTACT VENDOR "A" FIRST TO PROVIDE THEIR NEEDS. IF VENDOR "A" CANNOT PROVIDE SERVICES, AGENCY WILL GO TO VENDOR "B" AND SO ON.

STATE OF WEST VIRGINIA Purchasing Division

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)

			Agency15 REQ.P.O#
	ВІІ	D BOND	
KNOW ALL MEN BY	THESE PRESENTS, That we, the	undersigned,	
of		, as Princip	al, and
of	1	a corporation organized and	existing under the laws of the State of
with its prin	ncipal office in the City of	, as Surety	are held and firmly bound unto the State
of West Virginia, as Obligee,	n the penal sum of	(\$) for the payment of which,
well and truly to be made, we	jointly and severally bind ourselves	s, our heirs, administrators, e	xecutors, successors and assigns.
			ted to the Purchasing Section of the
NOW THEREFORE,			
hereto and shall furnish any o agreement created by the acc force and effect. It is express	be accepted and the Principal shall ther bonds and insurance required eptance of said bid, then this obliga	by the bid or proposal, and s ation shall be null and void, o	rdance with the bid or proposal attached shall in all other respects perform the therwise this obligation shall remain in full and all claims hereunder shall, in no event,
The Surety, for the v way impaired or affected by a waive notice of any such exte	ny extension of the time within whic	d agrees that the obligations h the Obligee may accept so	of said Surety and its bond shall be in no uch bid, and said Surety does hereby
IN WITNESS WHER	EOF, Principal and Surety have he	reunto set their hands and s	eals, and such of them as are corporations
	eals to be affixed hereunto and the		-
day of	, 20		
Principal Corporate Seal		-	(Name of Principle
			(Name of Principal)
		By	(Must be President or
			(Must be President or Vice President)

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.

Surety Corporate Seal

(Title)

(Name of Surety)

Attorney-in-Fact

AGENCY	(A)
RFO/RFP#	(B)

		Bid Bo				
(A)	WV State Agency	KNOW ALL MEN BY THESE P	RESENTS, That we, the undersigned,			
	(Stated on Page 1 "Spending Unit")	(C)of(I	D) (E) ,			
	Request for Quotation Number (upper	as Principal, and(F)	of,			
	right corner of page #1)		organized and existing under the laws			
(C)	Your Company Name	of the State of with it	s principal office in the City of			
(D)	City, Location of your Company	(J), as Surety, are l	held and firmly bound unto The State			
(E)	State, Location of your Company	of West Virginia, as Obligee, in the penal s	sum of <u>(K)</u>			
(F)	Surety Corporate Name	(\$) for the paymen				
(G)	City, Location of Surety	we jointly and severally bind ourselves, our heirs, administrators, executors,				
(H)	State, Location of Surety	successors and assigns.				
(I)	State of Surety Incorporation	The Condition of the above obligation is such that whereas the Principal				
(J)	City of Surety Incorporation	has submitted to the Purchasing Section of the Department of Administration				
(K)	(K) Minimum amount of acceptable bid a certain bid or proposal, attached hereto and made a part hereof t					
	bond is 5% of total bid. You may state	contract in writing for(M)				
	"5% of bid" or a specific amount on					
	this line in words.					
(L)	Amount of bond in figures					
(M)	Brief Description of scope of work	NOW THEREFORE.				
(N)	Day of the month	(a) If said bid shall be rejected, or				
(O)	Month	(b) If said bid shall be accepted and the Principal shall enter into a				
(P)	Year	contract in accordance with the bid or proposal attached hereto and shall furnish				
(Q)	Name of Corporation	any other bonds and insurance required by the bid or proposal, and shall in all				
(R)	Raised Corporate Seal of Principal	other respects perform the agreement created by the acceptance of said bid then				
(S)	Signature of President or Vice	this obligation shall be null and void, otherwise this obligation shall remain in full				
(77)	President	force and effect. It is expressly understood and agreed that the liability of the				
(T)	Title of person signing	Surety for any and all claims hereunder shall, in no event, exceed the penal				
(U)	Raised Corporate Seal of Surety	amount of this obligation as herein stated				
(V)	Corporate Name of Surety	The Surety for value received, he				
(W)	Signature of Attorney in Fact of the	obligations of said Surety and its bond shall be in no way impaired or affected by				
MOTE.	Surety	any extension of time within which the Obl				
NOTE:	Dated, Power of Attorney with Raised Surety Seal must accompany this bid	Surety does hereby waive notice of any such extension. IN WITNESS WHEREOF, Principal and Surety have hereunto set their				
	bond.	hands and seals, and such of them as are co				
		seals to be affixed hereto and these present this(N) day of(O)				
		uns (14) day 01 (0)				
		Principal Corporate Seal	(Q)			
			(Name of Principal)			
		(R)	By(S)			
			(Must be President or			
			Vice President)			
			(T)			
			Title			
		(U)				
		Surety Corporate Seal	(V)			
			(Name of Surety)			
			(IV)			

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised Corporate Seals must be affixed and a Power of Attorney must be attached.

Attorney-in-Fact