

VENDOR

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 FLC90054

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER B04-558-0067

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HEALTH AND HUMAN RESOURCES BPH - OHFLAC ONE DAVIS SQUARE, SUITE 101

CHARLESTON, WV

25301-1799 304-558-2026

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10/10/	2008							
BID OPENING DATÉ:		11/06/	2008		RTI	OI	PENING TIME 01	•30PM
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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 fee.
- 5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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 Cover Entity (45 CFR §160 103) and will be disclosing Protected Health Information (45 CFR §160 103) to the vendor
- 15. WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT: If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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 case of discrepancy.
- 5. All quotations are considered FOB 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: Department of Administration, Purchasing Division, 2019 Washington Street East, PO Box 50130, Charleston, WV 25305-0130



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ROBERTA WAGNER B04-558-0067

HEALTH AND HUMAN RESOURCES BPH - OHFLAC ONE DAVIS SQUARE, SUITE 101

CHARLESTON, WV 25301-1799

304-558-2026

DATE PRINTED TERMS OF SALE SHIP VIA FOB. FREIGHT TERMS 10/10/2008 BID OPENING DATE: 11/06/2008 OPENING TIME LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT NO. 5 UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE 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. SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE DATE TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOVE



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Department of Administration
Purchasing Division
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PROJECT D: NURSE AIDE REFRESHER COURSE

When a Nurse Aide training facility or school conducts the eight hour course, the refresher completion form for that course is to be maintained and stored in a database by the vendor.

The graduate's first, middle and last name, date of birth, mailing address, city, state, zip code and social security number are to be entered in to a database, along with the program start date, completion date, instructing nurse's name and name and address of facility or school.

The vendor will need to verify the information with the authorizing agency before issuing the test, and the information on the NURSE AIDE REFRESHER COMPLETION FORM, and the test scores shall be communicated to the OHFLAC Nurse Aide Program.

End of Addendum #1

FEE SCHEDULE Addendum #1

SERVICE PROVIDED	FEE PAID BY INDIVIDUAL		ESTIMATED NUMBER OF INDIVIDUALS RECEIVING SERVICE		ANNUAL TOTAL
Project A		1			
NURSE AIDE WRITTEN EVALUATION FEE	8	×	1352		\$
NURSE AIDE ORAL EVALUATION FEE	θ.	×	20	11	₩.
NURSE AIDE SKILLS PERFORMANCE EVALUATIONS FEE	₩	×	1515	ıı .	\$
Project B		1			
EDUCATE THE EDUCATOR WORKSHOP FEE	\$(3day) \$(1 day)*	×	25	II	\$ \$
Project C					
AMAP SCORING FEE	8	×	890	II	€9
PROJECT D:		-			
NURSE AIDE REFRESHER COURSE	\$	$ \times $	86	II	\$
			ANNUAL GRAND TOTAL	AL	\$

* This single day may or may not be opened to other professionals in the industry who might be interested in obtaining additional information regarding NATCEP federal and state guidelines.

Basis of Award:

Contract will be awarded to the lowest responsible vendor who can demonstrate the ability of providing the Project services specified.