



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
WEH90033

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
08/20/2008				

BID OPENING DATE: 09/18/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	33	EA		410-03		
				HILL-ROM VERSA CARE OR EQUAL.		
0002	28	EA		410-03		
				HILL-ROM CARE ASSIST EX BED OR EQUAL.		
0003	1	EA		410-03		
				HILL-ROM CARE AFFINITY IV OR EQUAL.		
0004	1	EA		410-03		
				FEE FOR DELIVERY, INSTALLATION, IN-SERVICE TRAINING		
				(SEE ATTACHED SPECIFICATIONS.)		
				CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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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 \$125.00 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.
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 Alcohol 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 "

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications:  
Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130,  
Charleston, WV 25305-0130



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<p>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.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>INQUIRIES:            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 9/2/2008. 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, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115            E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY</p>						

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<p>PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATION IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR 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, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR 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</p> <p>( ) BIDDER IS A CORPORATION NONRESIDENT VENDOR</p>						

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<p>WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) 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;</p> <p>OR</p> <p>( ) 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 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX &amp; REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT</p>						

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<p>AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU</p>						

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<p>ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="margin-left: 40px;">DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            BUILDING 15            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----WEH90033-----</p> <p>BID OPENING DATE:-----9/18/2008-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----</p>						

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CONTACT PERSON (PLEASE PRINT CLEARLY):						
-----						
***** THIS IS THE END OF RFQ WEH90033 ***** TOTAL:						

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**REQUEST FOR QUOTATION**  
**STATE OF WEST VIRGINIA**  
**Department of Health and Human Resources**  
**Welch Community Hospital**  
**RFQ #WEH90033**

**GENERAL INFORMATION**

**Purpose:**

The Acquisition and Contract Administration Section of the Purchasing Division "State" for the Department of Health and Human Resources, Bureau for Behavioral Health Facilities, Welch Community Hospital, "Agency" is seeking monetary quotations for:

- 1.) Thirty-three (33) Medical/Surgical - 30 beds, ICU - 3 beds.
- 2.) Twenty-eight (28) Long Term Care - 23 beds, OB - 5 beds.
- 3.) One (1) O.B. Birthing Bed.

This quotation is to include all charges including shipping and handling for delivery of materials to Welch Community Hospital.

**Project:**

The mission or purpose of this project is to obtain hospital beds for Welch Community Hospital: 33 beds for the Medical/Surgical/ICU, 28 beds for the Long Term Care Unit and OB, and 1 Obstetrical Birthing Bed for Welch Community Hospital.

**OPERATING ENVIRONMENT**

**Location**

Agency is located at Welch Community Hospital, 454 McDowell Street, Welch WV 24801

**Background:**

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441

Observation Visits – 542

Clinic Patients – 25,524

Surgeries – 343

Deliveries – 78

Laboratory Tests – 771,015

WEH – Service Support/Radiology Equipment

Radiology – 15,063

CAT Scans – 2,529

Ultrasound – 1,869

Mammography – 633

Respiratory Tests – 21,402

Electrocardiograms – 4,231

Admissions – 974

Long Term Card ADC (48 Patients per day) – 94%

Overall ADC (60 Patients per day) – 66%

Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

Diagnostic

CAT Scan

Ultrasound

Mammography

MRI

EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services

Laboratory Services

## PROCUREMENT SPECIFICATIONS

### Specifications:

#### 1.) Hill-Rom Versa Care or Equal.

Quantity 33

- A.) Bed must have a battery backup system. In the event of a power failure, all bed articulations must have the ability to be operated by activating the battery button and pressing the desired function.
- B.) CPR must be manual, pull and hold operation. The bed should utilize a one-action dampened release. By pulling and holding the handle, the bed instantly overrides electrical systems and automatically places the bed in a flat position.
- C.) CPR handle must be located between the head and foot side-rails.
- D.) Bed must be able to obtain chair position without having to use Trend/Rev Trend, thus raising the height of the bed.
- E.) Bed must be equipped with electric Trendelenburg and Reverse Trendelenburg positioning system.

- F.) Line-of site head elevation gauge must be located at side of bed and be functional at all times. A head-leveling gauge should be located within the caregiver's line of site. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position.
- G.) Bed must be equipped with an indicator light to notify the caregiver when the bed is not in the lowest position.
- H.) The bed's nurse call must be equipped with a super capacitor, allowing a call to be placed when AC power is interrupted and the nurse call power back up recharges when bed is plugged in.
- I.) Bed must offer a patient egress point between the foot rail and footboard when all four side rails are up.
- J.) Bed must have positive grip handles in both head and footboards to assist in transport.
- K.) The bed's headboard must stay stationary and not raise or lower during the high/low travel of the bed.
- L.) The bed shall be designed to receive a pendant control that can be placed in the inside and outside of the foot end rails.
- M.) The bed must be capable of accepting embedded side rail communications including nurse call, entertainment controls (radio/TV/volume) and lighting controls.
- N.) Vendor will provide bed units from manufacturers who have no less than 10 years experience with placing side rail communications within the bed frame.
- O.) Night Light shall have an on/off switch and must be located under both sides of the bed.
- P.) Brake and steer pedals must be located on all four corners.
- Q.) Side rails must be a drop down, one-handed release.
- R.) In brake mode, all four casters must lock when the braking mechanism is activated and prevent the caster from rolling and/or turning sideways to ensure positive locking of the bed.
- S.) The bed shall be equipped with a built in scale (up to 550 lbs) to permit accurate weighting to within +/- 1% of the patient's weight, even when the head or foot is elevated.
- T.) The bed's electronics will be isolated from the frame requiring no drag chain. The isolated frame should withstand defibrillation without a drag chain.
- U.) The bed will feature LED indicator lights for indication of brake status, bed not down, bed power, bed not grounded, and bed exit alarm.
- V.) The bed shall provide a platform for current and future upgrades or modules including communications systems and bed information systems
- W.) The bed must provide a perimeter based light beam activated Obstruction Detection System. The obstruction detection system should allow the bed to reverse its downward motion when the light beam is broken. Head and foot drive shaft must be able to disengage when powered down movement is obstructed.
- X.) The bed must offer a button-controlled ability to retract or extend the footboard a minimum of 12".
- Y.) The bed must offer optional bed exit system with the ability to adjust at the bed side, the following:

1. 3 modes of monitoring.
  2. 3 levels of volume
- Z.) The bed exit system must be able to be set from both sides of the bed.
  - AA.) The bed must have lock out controls for certain functions. For patient safety, the facility must have the ability to lock out knee, head and bed up/down functions with an easy, accessible control.
  - BB.) Auto contour must be on the patient controls only. No auto contour feature on the caregiver controls.
  - CC.) The bed must have the ability to activate low chair position by the touch of one button. The bed must possess the ability to deactivate low chair position by the touch of one button.
  - DD.) The bed must offer circuit boards with color-coded cables for easy replacement.
  - EE.) Bed must not contain any nursing controls in the footboard.
  - FF.) Bed must have plastic head and footboards and must be a seamless one-piece design.
  - GG.) Bed must be able to obtain a low height measurement of 18" from floor to the top of an 8" mattress.
  - HH.) Mattress must be secured to frame to prevent sliding. The patient must have an egress point even when all four side rails are in the up position. Footboard and foot rails must also have integrated patient grip handles to assist the patient during egress/ingress.
  - II.) The bed must be equipped with 8" sleep surface options for both pressure reduction and pressure relief. The bed will be equipped with a pressure reduction mattress that is an all foam, modular, layered mattress designed to reduce pressure. A treatment surface should provide an "air-cushioned" primary surface with an air cushion foot surface.
  - JJ.) The bed's treatment surface must be equipped with a heel suspension mode that permits additional pressure relief to the heel section.

## 2.) **Hill-Rom Care Assist EX Bed or equal**

Quantity 28

- A.) Bed must have an integrated battery backup system. In the event of a power failure, all nursing and patient controls may be operated by using battery backup.
- B.) CPR must be manual, pull and dampened operation. The bed must utilize a one-action dampened release, by pulling the handle, the bed instantly overrides electrical systems and automatically places the bed in a flat position
- C.) Bed must be equipped with electric Trendelenburg and Reverse Trendelenburg positioning system.
- D.) Line-of site head elevation gauge must be located at side of bed and be functional at all times. A head-leveling gauge should be located within the caregiver's line of site. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position.
- E.) Bed must be equipped with an indicator light to notify the caregiver when the bed is not in the lowest position.

- F.) The bed's nurse call must be equipped with a super capacitor, allowing a call to be placed when AC power is interrupted and the nurse call power back up recharges when bed is plugged in.
- G.) Bed must offer a patient egress point between the foot rail and footboard when all four side rails are up.
- H.) Bed must have positive grip handles in both head and footboards to assist in transport.
- I.) Patient controls must be located on pendant offering easy bed control accessibility to patient in any position
- J.) The bed must be capable of accepting embedded side rail communications including nurse call, entertainment controls (radio/TV/volume) and lighting controls.
- K.) Vendor will provide bed units from manufacturers who have no less than 10 years experience with placing side rail communications within the bed frame.
- L.) In brake mode, all four casters must lock when the braking mechanism is activated and prevent the caster from rolling and/or turning sideways to ensure positive locking of the bed.
- M.) Brakes must come standard with an audible brake not set alarm.
- N.) In steer mode, one caster must lock parallel to the bed for positive tracking.
- O.) Headboard of bed must be stationary during high/low travel to protect equipment and medical head walls.
- P.) Motors shall be covered by steel dust covers.
- Q.) Bed electronics must be protected from electro-static discharge without use of a drag chain.
- R.) Bust must offer Shearless pivot where the head section moves away from the seat section when the head is raised to help minimize sliding towards the foot end of the bed for the patient.
- S.) The bed must have the ability to achieve Dining Chair position by the touch of one button. The bed must possess the ability to deactivate Dining Chair position by the touch of one button.
- T.) Side rails must be a one-handed release and drop straight out away from the patient.
- U.) All nursing controls must be located on the head end side rail.
- V.) Bed must come standard with a built in bed extender
- W.) Bed must come standard with electric head, knee, and foot articulation to eliminate need for nurse to move the frame positions manually
- X.) The bed shall be equipped with a built in scale (up to 550 lbs) to permit accurate weighting to within +/- 1% of the patient's weight, even when the head or foot is elevated.

**3.) Hill-Rom Affinity IV or equal.**

Quantity 1

- A.) The bed must offer a battery backup system as a standard feature. In the event of an emergency situation, bed articulations such as hi-low, foot, head motors and nurse call must have the ability to be operated by activating the battery button and pressing the desire function.

- B.) In the event of an emergency situation. The bed must utilize a one-action dampened release. By pulling and holding the handle, the bed automatically places the bed in an instant head down and in a flat position.
- C.) The bed must function as the head section is lowered, the seat section gradually tilts up from 0 degrees to 15 degrees.
- D.) Upper Mattress must have V-Cut design to allow for better perineum access.
- E.) The bed must offer DC motors for a quiet patient environment and durable maintainability.
- F.) The bed must offer a one step function to securely lock all 4 brakes.
- G.) The bed must have the capability to go into trend-like positioning from any bed height. One lever, gas assisted feature for up to 8 degree positioning.
- J.) The bed must have the easy one step, release latch.
- K.) The bed must offer a one step function to position supports in any direction. Each support can be independently positioned.
- L.) For caregiver safety, the bed must offer the choice to stow the foot section under the bed or offer a light weight foot section to be placed near the bed during procedures.

#### 4.) **Cost Evaluation:**

Award will be based on the overall lowest Grand Total.

It is preferred that each responder use the Cost Proposal Sheet provided.

#### 5.) **Delivery, Installation, and In-service Training**

- A.) Delivery shall be within ninety (90) days after receipt of the approved purchase order. Vendor must furnish, deliver, setup and install the hospital beds and provide instructional training on the equipment usage and features.
- B.) Within fifteen (15) days of the vendor's receipt of the approved purchase order, the selected vendor must contact the Director of Nursing at Welch Community Hospital for coordination of vendor's delivery, installation and healthcare providers' in-service training.
- C.) Vendor will be responsible for the removal and disposal of delivery material and/or packing debris.
- D.) Vendor will make available, to healthcare provider, in-service training for each specific bed type upon delivery.

#### 6.) **Payment**

The Vendor shall submit invoices, in arrears, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery, installation and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

**Cost Sheet**

<b>Item #</b>	<b>Description</b>	<b>Quantity</b>	<b>Price Each Unit</b>	<b>Total Quantity Price</b>
1.)	Medical/Surgical/ICU <b>Hill-Rom Versa Care or Equal</b>	33	\$ _____	\$ _____
2.)	Long Term Care <b>Hill-Rom Care Assist EX Bed or equal</b>	28	\$ _____	\$ _____
3.)	Obstetrical Birthing Bed <b>Hill-Rom Affinity IV or equal</b>	1	\$ _____	\$ _____
4.)	Delivery Fee/Installation Fee/In-service Training		\$ _____	\$ _____
<b>Grand Total</b>			\$ _____	

Award will be made to vendor based on lowest **grand total** amount.

STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

### VENDOR OWING A DEBT TO THE STATE:

**West Virginia Code** §5A-3-10a provides that: 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 owed is an amount greater than one thousand dollars in the aggregate.

### PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

**West Virginia Code** §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

### ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

### 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](http://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 is in compliance with the requirements as stated.

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_