



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  
 HOP11005

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

VENDOR

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 TYPE NAME/ADDRESS HERE

SHIP TO

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 05/24/2010   |               |          |        |               |

BID OPENING DATE: 06/24/2010 BID OPENING TIME 01:30PM

| LINE   | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|----------|-------------|------------|--------|
| 0001   | 1        | JB  |          | 936-73      |            |        |
| <p>*****<br/>           PLEASE NOTE THE DRUG FREE WORKPLACE AFFIDAVIT AND THE BID BOND ARE REQUIRED WITH SUBMISSION OF THE BID.<br/>           *****</p>   |          |     |          |             |            |        |
| <p>WARRANTY: THREE (3) YEAR PARTS WARRANTY</p>   |          |     |          |             |            |        |
| <p>SHIP TO : HEALTH AND HUMAN RESOURCES<br/>           HOPEMONT HOSPITAL<br/>           CENTRAL RECEIVING<br/>           150 HOPEMONT DRIVE<br/>           TERRA ALTA, WV<br/>           26764-7728<br/>           304-789-2411</p>  |          |     |          |             |            |        |
| <p>TO PROVIDE ALL PRODUCTS, NEW WIRING, LABOR AND INSTALLATION MATERIAL TO INSTALL A RESIDENT WANDERING SYSTEM, AND ALTERNATE NURSES STATION MONITOR UNIT AT HOPEMONT HOSPITAL LOCATED AT 150 HOPEMONT DRIVE, TERRA ALTA, WV 26764, ACCORDING TO THE FOLLOWING SPECIFICATIONS:</p> |          |     |          |             |            |        |
| <p>WARRANTY: THREE (3) YEAR PARTS WARRANTY<br/>           ONE (2) YEAR LABOR WARRANTY<br/>           * WARRANTY WILL EXCLUDE EXISTING MAGNETIC DOOR LOCKS.</p>   |          |     |          |             |            |        |

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
  4. 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.
  5. Payment may only be made after the delivery and acceptance of goods or services.
  6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
  7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
  8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
  9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
  10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
  11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
  12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
  13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and 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.
  14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
  15. **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, and the West Virginia Insurance Commission. 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.
  16. **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 material, 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.

**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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|--|----------|-----|--------|-------------|------------|--------|
| 0002   | 28       | EA  |        | 936-73      |            |        |
| DOOR CONTROL UNITS   |          |     |        |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411   |          |     |        |             |            |        |
| VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL MODEL OR EQUAL SELF CHECKING SYSTEM DOOR CONTROL UNIT. MONITORED RESIDENTS WILL ACTIVATE THE DOOR LOCKS AND WILL BE PREVENTED FROM LEAVING THROUGH LOCKED DOORS. THE SYSTEM WILL IDENTIFY THE RESIDENT BY NUMBER OR NAME AT THE EXIT AND NURSES'S MONITOR. THE UNIT WILL MONITOR TRANSMITTER BATTERY CONDITIONS. DOORS MAY BE CODED FOR EXITING FAMILY CODE AND WILL ALLOW FAMILY TO EXIT WITHOUT ALLOW MONITORED RESIDENTS TO FOLLOW. OUTSIDE KEYPAD AT FRONT DOOR WILL ALLOW STAFF TO ENTER WHEN DOOR IS LOCKED (WITH TIMER OPTIONS AT FRONT DOOR AND GRAPE HARBOR DOOR). |          |     |        |             |            |        |
| 0003   | 1        | EA  |        | 936-73      |            |        |
| TRANSMITTER TESTER   |          |     |        |             |            |        |

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|      | VENDOR WILL PROVIDE SIGMA SENTINEL MODEL OR EQUAL TRANSMITTER TESTER. TRANSMITTER TESTER/PROGRAMMER, HAND HELD DEVICE TO PROVIDE ACCESS TO WORKING STATUS ON EACH TRANSMITTER AND PROVIDES EASY WIRELESS DATA ENTRY. SYSTEM IS TO BE SELF CHECKING CAPABLE. |     |        |  |            |        |
| 0004 | 28  | EA  |        | 936-73   |            |        |
|      |   |     |        | SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411 |            |        |
|      | VENDOR WILL PROVIDE SIGMA SENTINEL OR EQUAL TRANSMITTER RESIDENT TRANSMITTERS, WATCH SIZE, CAN BE WORN ON WRIST OR ANKLE, WATER TIGHT, THREE (3) YEARS LIFE ON TRANSMITTERS.  |     |        |  |            |        |

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| 0005   | 50       | EA  |         | 936-73      |            |        |
| RESIDENT TRANSMITTER BANDS   |          |     |         |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411   |          |     |         |             |            |        |
| VENDOR WILL PROVIDE SIGMA SENTINEL OR EQUAL TRANSMITTER BAND. RESIDENT TRANSMITTER BANDS, REINFORCED ONE-WAY SNAP, HYPO-ALLERGENIC PLASTIC-NYLON/KEVLAR REINFORCED, 150 LB. PULL PRESSURE AT SNAP. |          |     |         |             |            |        |
| 0006   | 3        | EA  |         | 936-73      |            |        |
| MAGNETIC DOOR LOCKS  |          |     |         |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411   |          |     |         |             |            |        |

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| 0007  | 1        | EA  |        | 936-73      |            |        |
| CONNECTIONS<br><br>SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411 |          |     |        |             |            |        |
| VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL CONNECTIONS OF FIVE (5) PAGING TRANSMITTER 4 SERIAL PORTS.  |          |     |        |             |            |        |
| 0008  | 50       | EA  |        | 936-73      |            |        |
| ALPHANUMERIC PAGERS   |          |     |        |             |            |        |

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|      |          |     |          | VENDOR WILL PROVIDE SIGMA SENTINEL OR EQUAL ALPHA-NUMERIC PAGERS WITH CAPACITY TO HOLD SIX (6) ADDRESSES (929H).  |            |        |
| 0009 | 1        | EA  |          | 936-73  |            |        |
|      |          |     |          | NETWORK PC PAGING SOFTWARE, CLIENT & SERVER   |            |        |
|      |          |     |          | SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411      |            |        |
|      |          |     |          | VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL NETWORK PC PAGING SOFTWARE, CLIENT AND SERVER. THIS WILL ALLOW PAGING FROM ALL NETWORK COMPUTERS. |            |        |

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| 0010  | 1        | EA  |        | 936-73      |            |        |
| CPU 17" MONITOR, 2 HARD DRIVES, 2 SERIAL PORTS ETC.   |          |     |        |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411              |          |     |        |             |            |        |
| VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL CPU 17" MONITOR, 2 HARD DRIVES, 2 SERIAL PORTS, PRINTER UPS, XP PRO AND SIGMA SENTINEL SOFTWARE OR EQUAL. |          |     |        |             |            |        |
| 0011  | 5        | EA  |        | 936-73      |            |        |
| NON-POWERED WIRELESS RECIEVER   |          |     |        |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411              |          |     |        |             |            |        |
| VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL NON-POWERED WIRELESS RECEIVER. THIS WILL BE CONNECTED TO THE CENTRAL MONITORING SYSTEM FOR POWER.         |          |     |        |             |            |        |

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| 0012   | 1        | EA  |         | 936-73      |            |        |
| TRAINING AND TOTAL SYSTEM PROGRAMMING<br><br>SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411<br><br>VENDOR WILL PROVIDE TRAINING AND TOTAL SYSTEM PROGRAMING. TRAINING WILL INCLUDE ALL REQUIRED STAFF AND THE TRAINING WILL BE DONE ON SITE.         |          |     |         |             |            |        |
| 0013   | 2        | EA  |         | 936-73      |            |        |
| FRONT DOOR CODED KEYPAD ENTRY WITH TIMER<br><br>SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411<br><br>VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL FRONT DOOR CODED KEYPAD ENTRY WITH TIMER, LOCATED AT FRONT DOOR AND GRAPE HARBOR DOOR. |          |     |         |             |            |        |

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| 0014  | 28       | EA  |         | 936-73      |            |        |
| INTERIOR DOOR CODED KEYPAD WITH TIMER CAPABILITY AND<br><br>SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411<br><br>VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL OR EQUAL<br>INTERIOR DOOR CODED KEYPAD WITH THE TIMER CAPABILITY<br>AND DISPLAY. |          |     |         |             |            |        |
| 0015  | 1        | EA  |         | 936-73      |            |        |
| UP-GRADE SYSEM ON THE WIRELESS CALL STATIONS AND<br><br>SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411  |          |     |         |             |            |        |

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# Request for Quotation

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| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER<br>304-558-0067          |

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BID OPENING DATE: 06/24/2010 BID OPENING TIME 01:30PM

| LINE  | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
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| 0016  | 1        | EA  |        | 936-73      |            |        |
| <p>VENDOR WILL PROVIDE AN UP-GRADABLE SYSTEM ON THE WIRELESS CALL STATIONS AND ELEVATOR LOCKOUT FOR FUTURE GROWTH.</p> <p>ALL EQUIPMENT SHALL BE PROVIDED F.O.B. DESTINATION, VENDOR SHALL DELIVER AND COMPLETE INSTALLATION WITHIN 90 DAYS OF ISSUANCE OF NOTICE TO PROCEED.</p> <p>THE VENDOR WITH THE LOWEST GRAND TOTAL OF ALL ITEMS WILL BE AWARDED THE CONTRACT. HOWEVER, THE FACILITY RESERVES THE RIGHT TO ACCEPT OR REJECT THE ALTERNATE ITEMS IF THE COSTS EXCEED WHAT THE FACILITY HAS BUDGETED FOR THE PURCHASE.</p> <p>ITEMS 16 AND 17 ARE ALTERNATE BID ITEMS.</p> <p>NURSES STATION MONITOR UNIT - ALTERNATE BID</p> |          |     |        |             |            |        |
| <p>SHIP TO : HEALTH AND HUMAN RESOURCES<br/>         HOPEMONT HOSPITAL<br/>         CENTRAL RECEIVING<br/>         150 HOPEMONT DRIVE<br/>         TERRA ALTA, WV<br/>         26764-7728<br/>         304-789-2411</p>   |          |     |        |             |            |        |

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ADDRESS CORRESPONDENCE TO ATTENTION OF  
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| 0017   | 1        | EA  |         | 936-73      |            |        |
| VENDOR WILL PROVIDE AND INSTALL SIGMA SENTINEL MODEL OR EQUAL NURSES STATION MONITOR UNIT. NURSES STATION MONITOR WILL PROVIDE AUDIBLE/VISUAL INDICATION OF ALL EXISTS. SYSTEM TO DISPLAY RESIDENT NAME AND EXIT LOCATION. |          |     |         |             |            |        |
| WARRANTY: THREE (3) YEAR PARTS WARRANTY - ALTERNATE<br>TWO (2) YEAR LABOR WARRANTY   |          |     |         |             |            |        |
| SHIP TO : HEALTH AND HUMAN RESOURCES<br>HOPEMONT HOSPITAL<br>CENTRAL RECEIVING<br>150 HOPEMONT DRIVE<br>TERRA ALTA, WV<br>26764-7728<br>304-789-2411   |          |     |         |             |            |        |
| BID ON SIGMA SENTINEL OR EQUAL RESIDENT WANDERING SYSTEM: \$.....<br>BID ON ALTERNATE NURSE STATION MONITOR UNIT: \$.....<br>GRAND TOTAL ALL ITEMS BID: \$.....  |          |     |         |             |            |        |
| CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE  |          |     |         |             |            |        |

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| <p>RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>INQUIRIES:<br/>           WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 6/8/2010. 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<br/>           DEPARTMENT OF ADMINISTRATION<br/>           PURCHASING DIVISION<br/>           2019 WASHINGTON STREET, EAST<br/>           CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115</p> <p>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</p> |          |     |        |             |            |        |

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| <p>INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY 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 SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS. EXHIBIT 5</p> <p>WEST VIRGINIA CODE 21-1D-5 PROVIDES THAT: ANY SOLICITATION FOR A PUBLIC IMPROVEMENT CONSTRUCTION CONTRACT REQUIRES EACH VENDOR THAT SUBMITS A BID FOR THE WORK TO SUBMIT AT THE SAME TIME AN AFFIDAVIT OF COMPLIANCE WITH THE BID. THE ENCLOSED DRUG-FREE WORKPLACE AFFIDAVIT MUST BE SIGNED AND SUBMITTED WITH THE BID AS EVIDENCE OF THE VENDOR'S COMPLIANCE WITH THE PROVISIONS OF ARTICLE 1D, CHAPTER 21 OF THE WEST VIRGINIA CODE. FAILURE TO SUBMIT THE SIGNED DRUG-FREE WORKPLACE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF SUCH BID.</p> <p>NOTICE TO PROCEED: THIS CONTRACT IS TO BE PERFORMED WITHIN 90 CALENDAR DAYS AFTER THE NOTICE TO PROCEED IS RECEIVED.</p> <p>WAGE RATES: THE CONTRACTOR OR SUBCONTRACTOR SHALL PAY THE HIGHER OF THE U.S. DEPARTMENT OF LABOR MINIMUM WAGE RATES AS ESTABLISHED FOR PRESTON COUNTY, PURSUANT TO WEST VIRGINIA CODE 21-5A, ET, SEQ. (PREVAILING WAGE RATES APPLY TO THIS PROJECT)</p> <p>ARBITRATION: ANY REFERENCES MADE TO ARBITRATION OR</p> |          |     |         |             |            |        |

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| <p>INTEREST FOR PAYMENTS DUE (EXCEPT FOR ANY INTEREST REQUIRED BY STATE LAW) CONTAINED IN THIS CONTRACT OR IN ANY AMERICAN INSTITUTE OF ARCHITECTS DOCUMENTS PERTAINING TO THIS CONTRACT ARE HEREBY DELETED.</p> <p>WORKERS' COMPENSATION: VENDOR IS REQUIRED TO PROVIDE A CERTIFICATE FROM WORKERS' COMPENSATION IF SUCCESSFUL.</p> <p>ALL OF THE ITEMS CHECKED BELOW WILL BE A REQUIREMENT OF THIS CONTRACT:</p> <p>(XX) INSURANCE: SUCCESSFUL VENDOR SHALL FURNISH PROOF OF COMMERCIAL GENERAL LIABILITY INSURANCE PRIOR TO ISSUANCE OF CONTRACT. UNLESS OTHERWISE SPECIFIED IN THE BID DOCUMENTS, THE MINIMUM AMOUNT OF INSURANCE COVERAGE REQUIRED IS \$250,000.</p> <p>( ) BUILDERS RISK INSURANCE: SUCCESSFUL VENDOR SHALL FURNISH PROOF OF BUILDERS RISK - ALL RISK INSURANCE IN AN AMOUNT EQUAL TO 100% OF THE AMOUNT OF THE CONTRACT.</p> <p>(XX) BONDS: FIVE PERCENT (5%) OF THE TOTAL AMOUNT OF THE BID PAYABLE TO THE STATE OF WEST VIRGINIA, SHALL BE SUBMITTED WITH EACH BID AS A BID BOND. THE SUCCESSFUL BIDDER SHALL ALSO FURNISH A PERFORMANCE BOND AND LABOR/MATERIAL BOND FOR 100% OF THE AMOUNT OF THE CONTRACT. BONDS MAY BE PROVIDED IN THE FORM OF A CERTIFIED CHECK, IRREVOCABLE LETTER OF CREDIT, OR BOND FURNISHED BY A SOLVENT SURETY COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF WEST VIRGINIA. A LETTER OF CREDIT SUBMITTED IN LIEU OF A BOND WILL ONLY BE ALLOWED FOR PROJECTS UNDER \$100,000. PERSONAL OR BUSINESS CHECKS ARE NOT ACCEPTABLE IN LIEU OF THE 5% BID BOND, PERFORMANCE BOND, OR LABOR AND MATERIAL BOND.</p> <p>( ) MAINTENANCE BOND: A TWO (2) YEAR MAINTENANCE BON</p> |          |     |         |             |            |        |

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| COVERING THE ROOFING SYSTEM WILL BE A REQUIREMENT OF THE SUCCESSFUL VENDOR.  |          |     |        |             |            |        |
| REV. 11/00   |          |     |        |             |            |        |
| EXHIBIT 7  |          |     |        |             |            |        |
| DOMESTIC ALUMINUM, GLASS & STEEL IN PUBLIC WORKS PROJECTS  |          |     |        |             |            |        |
| IN ACCORDANCE WITH WEST VIRGINIA CODE 5-19-1 ET., SEQ., EVERY CONTRACT FOR CONSTRUCTION, RECONSTRUCTION, ALTERATION, REPAIR, IMPROVEMENT OR MAINTENANCE OF PUBLIC WORKS, WHERE THE COST IS MORE THAN \$50,000 AND, IN THE CASE OF STEEL ONLY, WHERE THE COST OF STEEL IS MORE THAN \$50,000 OR WHERE MORE THAN 10,000 POUNDS OF STEEL ARE REQUIRED, THE STATE WILL ACCEPT ONLY ALUMINUM GLASS, OR STEEL PRODUCTS PRODUCED IN THE UNITED STATES. IN ADDITION, ITEMS OF MACHINERY OR EQUIPMENT PURCHASED FOR USE AT THE SITE OF PUBLIC WORKS SHALL BE MADE OF DOMESTIC ALUMINUM, GLASS OR STEEL, UNLESS THE COST OF THE PRODUCT IS LESS THAN \$50,000 OR LESS THAN 10,000 POUNDS OF STEEL ARE USED IN PUBLIC WORKS PROJECTS. |          |     |        |             |            |        |
| FOREIGN MADE ALUMINUM, GLASS OR STEEL PRODUCTS MAY BE ACCEPTED ONLY IF THE COST OF DOMESTIC PRODUCTS IS FOUND TO BE UNREASONABLE. SUCH COST IS UNREASONABLE IF IT IS 20% OR MORE HIGHER THAN THE BID PRICE FOR FOREIGN MADE PRODUCTS. IF THE DOMESTIC ALUMINUM, GLASS OR STEEL PRODUCTS TO BE SUPPLIED OR PRODUCED IN A "SUBSTANTIAL LABOR SURPLUS AREA", AS DEFINED BY THE UNITED STATES DEPARTMENT OF LABOR, FOREIGN PRODUCTS MAY BE SUPPLIED ONLY IF DOMESTIC PRODUCTS ARE 30% OR MORE HIGHER IN PRICE THAN THE FOREIGN MADE PRODUCTS.  |          |     |        |             |            |        |

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| ADDRESS CORRESPONDENCE TO ATTENTION OF |
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| <p>IF, PRIOR TO THE AWARD OF A CONTRACT UNDER THE ABOVE PROVISIONS, THE SPENDING OFFICER OF THE SPENDING UNIT DETERMINES THAT THERE EXISTS A BID FOR LIKE FOREIGN ALUMINUM, GLASS OR STEEL THAT IS REASONABLE AND LOWER THAN THE LOWEST BID DOMESTIC PRODUCTS, THE SPENDING OFFICE MAY REQUEST, IN WRITING, A REEVALUATION AND REDUCTION IN THE LOWEST BID FOR SUCH DOMESTIC PRODUCTS. ALL VENDORS MUST INDICATE IN THEIR BID IF THEY ARE SUPPLYING FOREIGN ALUMINUM, GLASS OR STEEL.</p> <p>REV. 3/88</p> <p>EXHIBIT 9</p> <p>NOTICE FOR ISSUANCE &amp; ACKNOWLEDGEMENT OF CONSTRUCTION PROJECT ADDENDA</p> <p>THE ARCHITECT/ENGINEER AND/OR AGENCY SHALL BE REQUIRED TO ABIDE BY THE FOLLOWING SCHEDULE IN ISSUING CONSTRUCTION PROJECT ADDENDA FOR STATE AGENCIES:</p> <p>(1) THE ARCHITECT/ENGINEER SHALL PREPARE THE ADDENDUM AND A LIST OF ALL PARTIES THAT HAVE PROCURED DRAWINGS AND SPECIFICATIONS FOR THE PROJECT. THE ADDENDUM AND LIST SHALL BE FORWARDED TO THE BUYER IN THE STATE PURCHASING DIVISION. THE ARCHITECT/ENGINEER SHALL ALSO SEND A COPY OF THE ADDENDUM TO THE STATE AGENCY FOR WHICH THE CONTRACT IS ISSUED.</p> <p>(2) THE BUYER SHALL SEND THE ADDENDUM TO ALL INTERESTED PARTIES AND, IF NECESSARY, EXTEND THE BID OPENING DATE. ANY ADDENDUM SHOULD BE RECEIVED BY THE BUYER WITHIN FOURTEEN (14) DAYS PRIOR TO THE BID OPENING DATE.</p> |          |     |        |             |            |        |

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| <p>(3) ALL ADDENDA SHOULD BE FORMALLY ACKNOWLEDGED BY ALL BIDDERS AND SUBMITTED TO THE STATE PURCHASING DIVISION. THE SAME RULES AND REGULATIONS THAT APPLY TO THE ORIGINAL BIDDING DOCUMENT SHALL ALSO APPLY TO AN ADDENDUM DOCUMENT. THE ONLY EXCEPTION MAY BE FOR AN ADDENDUM THAT IS ISSUED FOR THE SOLE PURPOSE OF CHANGING A BID OPENING TIME AND/OR DATE.</p> <p>REV. 11/96</p> <p>EXHIBIT 10</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NOS.:</p> <p>NO. 1 . . . . .</p> <p>NO. 2 . . . . .</p> <p>NO. 3 . . . . .</p> <p>NO. 4 . . . . .</p> <p>NO. 5 . . . . .</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF THE BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL</p> |          |     |         |             |            |        |

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| <p>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.</p> <p>.....SIGNATURE</p> <p>.....COMPANY</p> <p>.....DATE</p> <p>REV. 11/96</p> <p>CONTRACTORS LICENSE</p> <p>WEST VIRGINIA STATE CODE 21-11-2 REQUIRES THAT ALL PERSONS DESIRING TO PERFORM CONTRACTING WORK IN THIS STATE MUST BE LICENSED. THE WEST VIRGINIA CONTRACTORS LICENSING BOARD IS EMPOWERED TO ISSUE THE CONTRACTORS LICENSE. APPLICATIONS FOR A CONTRACTORS LICENSE MAY BE MADE BY CONTACTING THE WEST VIRGINIA DIVISION OF LABOR CAPITOL COMPLEX, BUILDING 3, ROOM 319, CHARLESTON, WV 25305. TELEPHONE: (304) 558-7890.</p> <p>WEST VIRGINIA STATE CODE 21-11-11 REQUIRES ANY PROSPECTIVE BIDDER TO INCLUDE THE CONTRACTORS LICENSE NUMBER ON THEIR BID.</p> <p>BIDDER TO COMPLETE:</p> <p>CONTRACTORS NAME: .....</p> <p>CONTRACTORS LICENSE NO.: .....</p> |          |     |         |             |            |        |

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BID OPENING DATE: 06/24/2010 BID OPENING TIME 01:30PM

| LINE  | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|--------|-------------|------------|--------|
| <p>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FURNISH A COPY OF THEIR CONTRACTORS LICENSE PRIOR TO ISSUANCE OF A PURCHASE ORDER/CONTRACT</p> <p style="text-align: center;">APPLICABLE LAW</p> <p>THE WEST VIRGINIA STATE CODE, PURCHASING DIVISION RULES AND REGULATIONS, AND THE INFORMATION PROVIDED IN THE "REQUEST FOR QUOTATION" ISSUED BY THE PURCHASING DIVISION IS THE SOLE AUTHORITY GOVERNING THIS PROCUREMENT.</p> <p>ANY INFORMATION PROVIDED IN SPECIFICATION MANUALS, OR ANY OTHER SOURCE, VERBAL OR WRITTEN, WHICH CONTRADICTS OR ALTERS THE INFORMATION PROVIDED FROM THE SOURCES AS DESCRIBED IN THE ABOVE PARAGRAPH IS VOID AND OF NO EFFECT.</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION<br/>       PURCHASING DIVISION<br/>       BUILDING 15<br/>       2019 WASHINGTON STREET, EAST<br/>       CHARLESTON, WV 25305-0130</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> |          |     |        |             |            |        |

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'



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 |
| HOP11005   |

|      |
|------|
| PAGE |
| 20   |

|  |
|--|
| ADDRESS CORRESPONDENCE TO ATTENTION OF |
| ROBERTA WAGNER                         |
| 304-558-0067                           |

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 05/24/2010   |               |          |        |               |

BID OPENING DATE: 06/24/2010      BID OPENING TIME 01:30PM

| LINE  | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|---------|-------------|------------|--------|
| REQ. NO.: -----HOP11005-----<br>BID OPENING DATE: -----6/24/2010-----<br>BID OPENING TIME: -----1:30 PM-----<br>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY<br>TO CONTACT YOU REGARDING YOUR BID:<br>-----<br>PLEASE PRINT OR TYPE NAME OF PERSON TO CONTACT<br>CONCERNING THIS QUOTE:<br>-----<br>***** THIS IS THE END OF RFQ HOP11005 ***** TOTAL: _____ |          |     |         |             |            |        |

|   |           |                                   |
|---|-----------|-----------------------------------|
| 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'

STATE OF WEST VIRGINIA  
PURCHASE CONTINUATION SHEET

Page 2 of 3 Pages

Requisition / P.O. No.:  
HOP11005File:  
RW22 Acct. No.:  
P20603Spending Unit:  
HOPEMONT HOSPITAL

Vendor: \_\_\_\_\_ P.O. Date: \_\_\_\_\_

| Item No. | Quantity | Description   | Unit Price | Amount |
|----------|----------|---|------------|--------|
|          |          | Bids to include all products, new wiring, labor and installation material to install a resident wandering system at Hopemont Hospital, located at 150 Hopemont Drive, Terra Alta WV 26764, according to the following specifications.   |            |        |
| 1.       | 1ea.     | Warranty: Three(3) year parts warranty<br>Two(2) year labor warranty<br>Warranty will exclude existing magnetic door locks.   |            |        |
| 2.       | 28ea.    | Vendor will provide and install Sigma Sentinel model or equal self checking system door control units. Monitored residents will activate the door locks and will be prevented from leaving through locked doors. The system will identify the resident by number or name at the exit and nurses's monitor. The unit will monitor transmitter battery conditions. Doors may be coded for exiting Family code that will allow family to exit without allowing monitored residents to follow. Outside keypad at the front door will allow staff to enter when door is locked (with timer options at front door and grape harbor door). |            |        |
| 3.       | 1ea.     | Vendor will provide Sigma Sentinel or equal Transmitter Tester. Transmitter tester/programmer, hand held device to provide access to working status on each transmitter and provides wireless data entry. System is to be self checking capable.  |            |        |
| 4.       | 28ea.    | Vendor will provide Sigma Sentinel or equal Transmitter. Resident transmitters, watch size, can be worn on wrist or ankle, water tight, three(3) year life on transmitters.   |            |        |
| 5.       | 50ea.    | Vendor will provide Sigma Sentinel or equal Transmitter Band. Resident Transmitter Bands, reinforced one-way snap, hypo-allergenic plastic-nylon/kevlar reinforced, 150lb pull pressure strap.  |            |        |
| 6.       | 3ea.     | Vendor will provide and install Sigma Sentinel or equal Magnetic door lock with 15 second delay. Parts/labor Warranty to cover 3 new magnetic door locks, existing door locks not covered on Parts/Labor Warranty.  |            |        |
| 7.       | 1ea.     | Vendor will provide and install Sigma Sentinel or equal connections of 5 Paging Transmitter 4 Serial Ports.   |            |        |
| 8.       | 50ea.    | Vendor will provide Sigma Sentinel or equal Alphanumeric pagers with capacity to hold Six(6) addresses (929H).  |            |        |
| 9.       | 1ea.     | Vendor will provide and install Sigma Sentinel or equal Network PC Paging Software, Client & Service. This will allow paging from all network computers.  |            |        |
| 10.      | 1ea.     | Vendor will provide and install Sigma Sentinel or equal CPU 17" Monitor, 2-Hard Drives, 2 Serial Ports, Printer UPS, XP Pro and Sigma Sentinel Software or equal.   |            |        |

WV-38 (Rev 01/01/07)

**STATE OF WEST VIRGINIA  
PURCHASE CONTINUATION SHEET**

|                                     |                      |                                     |
|-------------------------------------|----------------------|-------------------------------------|
| Page <b>3</b> of <b>3</b> Pages     |                      | Requisition / P.O. No.:<br>HOP11005 |
| File:<br>RW22                       | Accl. No.:<br>P20603 |                                     |
| Spending Unit:<br>HOPEMONT HOSPITAL |                      |                                     |

Vendor: \_\_\_\_\_ P.O. Date: \_\_\_\_\_

| Item No. | Quantity | Description  | Unit Price           | Amount               |
|----------|----------|--|----------------------|----------------------|
| 11.      | 5ea.     | Vendor will provide and install Sigma Sentinel or equal non-powered wireless receiver. This will be connected to the Central Monitoring System for power.  |                      |                      |
| 12.      | 1ea.     | Vendor will provide training and total system programing. Training will include all required staff and the training will be done on site.  |                      |                      |
| 13.      | 2ea.     | Vendor will provide and install Sigma Sentinel or equal front door coded keypad entry with timer, located at front door and grape harbor door.   |                      |                      |
| 14.      | 28ea.    | Vendor will provide and install Sigma Sentinel or equal interior door coded keypad with the timer capability and display.  |                      |                      |
| 15.      | 1ea.     | Vendor will provide a up-gradable system on the wireless call stations and elevator lockout for future growth.<br><br>All equipment shall be provided FOB destination, vendor shall deliver and complete installation within 90 days of issuance of notice to proceed.<br><br>The vendor with the lowest grand total of all items will be awarded the contract. However the facility reserves the right to accept or reject the alternate items if the costs exceed what the facility has budgeted for the purchase.<br><br>Bid on Sigma Sentinel or equal resident wandering system:<br><br>Alternate bid requested: Nurses Station Monitor Unit. | \$ _____             | \$ _____             |
| 16.      | 1ea.     | Vendor will provide and install Sigma Sentinel model or equal Nurses Station Monitor unit. Nurses Station Monitor will provide audible/visual indication of all exits. System to display resident name and exit location.  |                      |                      |
| 17.      | 1ea.     | Warranty: Three(3) year parts warranty<br>Two(2) year labor warranty<br><br>Bid on Sigma Sentinel or equal Nurses Station Monitor Unit:<br><br>Grand Total of the RFQ:   | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |

RFQ No. HOP 11005STATE 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 owed 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 exceeds 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.

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

**WITNESS THE FOLLOWING SIGNATURE**

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

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

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE****NOTARY PUBLIC** \_\_\_\_\_



Agency \_\_\_\_\_  
REQ.P.O# \_\_\_\_\_

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, as Principal, and \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ with its principal office in the City of \_\_\_\_\_, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of \_\_\_\_\_ (\$ \_\_\_\_\_) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached  
hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the  
agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full  
force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event,  
exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no  
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby  
waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations  
have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Principal Corporate Seal

\_\_\_\_\_  
(Name of Principal)

By \_\_\_\_\_  
(Must be President or  
Vice President)

\_\_\_\_\_  
(Title)

Surety Corporate Seal

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
Attorney-in-Fact

**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.**

BID BOND PREPARATION INSTRUCTIONS

AGENCY (A)
RFQ/RFP# (B)

Bid Bond

- (A) WV State Agency (Stated on Page 1 "Spending Unit") Request for Quotation Number (upper right corner of page #1)
(C) Your Company Name
(D) City, Location of your Company
(E) State, Location of your Company
(F) Surety Corporate Name
(G) City, Location of Surety
(H) State, Location of Surety
(I) State of Surety Incorporation
(J) City of Surety Incorporation
(K) Minimum amount of acceptable bid bond is 5% of total bid. You may state "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
(N) Day of the month
(O) Month
(P) Year
(Q) Name of Corporation
(R) Raised Corporate Seal of Principal
(S) Signature of President or Vice President
(T) Title of person signing
(U) Raised Corporate Seal of Surety
(V) Corporate Name of Surety
(W) Signature of Attorney in Fact of the Surety

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, (C) of (D), (E) as Principal, and (F) of (G), (H), a corporation organized and existing under the laws of the State of (I) with its principal office in the City of (J), as Surety, are held and firmly bound unto The State of West Virginia, as Obligee, in the penal sum of (K) (\$ (L)) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the Department of Administration a certain bid or proposal, attached hereto and made a part hereof to enter into a contract in writing for (M)

NOW THEREFORE.

(a) If said bid shall be rejected, or
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated

The Surety for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of time within which the Obligee may accept such bid: and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereto and these presents to be signed by their proper officers, this (N) day of (O), 20 (P).

Principal Corporate Seal (R) (Q) (Name of Principal)
By (S) (Must be President or Vice President)
(T) Title
(U) Surety Corporate Seal (V) (Name of Surety)
(W) Attorney-in-Fact

NOTE: Dated, Power of Attorney with Raised Surety Seal must accompany this bid bond.

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.