



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

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 150 HOPEMONT DRIVE  
 TERRA ALTA, WV  
 26764-7728 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B	FREIGHT TERMS
06/15/2010				

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

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
<p>1. QUESTIONS AND ANSWERS ARE ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p style="text-align: center;">REQUISITION NO. : HOP11005</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 NO.'S:</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 BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES</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'

**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).



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
2

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

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 HOPEMONT HOSPITAL  
 CENTRAL RECEIVING  
 150 HOPEMONT DRIVE  
 TERRA ALTA, WV  
 26764-7728 304-789-2411

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/15/2010				

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

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 ..... COMPANY ..... DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 2</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'

## HOP11005 Addendum 2

Response to questions on the RFQ by the Agency 06/09/10.

1. **Question:** Page 3, item 4: Signaling Devices (Item #0004): Stanley strongly recommends that the signaling device worn by the resident is placed on the resident's wrist. (Among other reasons, it is more difficult for staff to do a quick visual check that the device is in place if it is under a pant leg.) To what extent, if any, does the facility expect to use ankle placement?

**Response:** The facility will primarily use ankle placement of transmitter bands due to the needs of the residents.

Locks and Related Accessories (Items #0002, #0006, #0013, and #0014):

2. **Question:** Page 2, item 2: In order for us to quote equivalents, can you tell us your expectations door by door? Do the configurations at every door operate the same or will some doors be different?

**Response:** Yes, some doors are different. A list of doors and location of all devices was provided to each vendor and a tour given during the pre bid meeting. This list is attached to this addendum, for reference

3. **Question:** Page 4, item 6: Will the locks already in place (how many are there?) operate independent of the WanderGuard® door units or do you have another configuration in mind?

**Response:** 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 warranty. Also, there are 28 existing mag locks to be rewired to work properly with new keypads installed. Existing mag locks are already installed on door frames

4. **Question:** Page 8, item 13: At each door what is the preferred method or methods of bypass? Do you desire both entry and exit bypass or will some doors have either entry or exit bypass? We have attached our "WanderGuard® Access Control" brochure for your reference in this regard

**Response:** Entry and Exit bypass with 15 second delay.

5. **Question:** Page 9, item 14: Items #0002 and #0014 for reference. Additionally, each WanderGuard® ID unit comes equipped standard with a timer function as well as a keypad used for exit bypass. Therefore, can Item #0014 be stricken from the quote?

Please refer to the descriptions you have provided in Items#0002 and #0014 for reference.

**Response:** Item 2 and 14 are effectively the same except for the issue of item 14 having the coded keypad with the timer capability and display, so to correct this, item 2 will be removed.

Paging and Related Item:

6. **Question:** Page 5, item 7: Stanley offers paging as an option with the WG ID system. In order for us to quote our equivalent, can you please describe how you envision paging to operate in the facility? How much of the building/area needs to be covered with paging?

**Response:** Paging system will operate with door/tracking system to ID resident and the location. Paging system to operate in Resident area..

7. **Question:** Page 7, item 11: Please describe what function you envision the five (5) non-powered wireless receivers (Item #0011) to perform and where you prefer them to be located?

**Response:** Devices need to perform in Resident area hallways and Solarium To be located in A-1, A-2, B-1, B-3, and Gore 3 Solarium.

8. **Question:** Page 5, item 7: Likewise, where in the building do you envision the five (5) paging transmitters (Item #0007) will be located and what is their intended use?

**Response:** Transmitters to be located in A-1, A-2, B-1, B-3 and Gore 3 Solarium. Intended use is for staff to monitor residents.

9. **Question:** Page 10, item 16: Nurses Station (Alternate Bid Item #0016):

Stanley offers two nurse station options:

- a a computer with full functionality, i.e it has complete audible and visual capability as well as keyboard/mouse functionality, or
- b. a "shadow monitor" that provides visual capability only

Which option is your preference?

**Response:** A computer with full functionality, ie. It has complete audible and visual capability as well as keyboard/mouse functionality

- 10 **Question:** Page 9, item 15: Upgrade System on Wireless Call Station (Item #0015):

We need more definition regarding this line item The first line of description, i.e "Upgrade system on the wireless call stations and" seems incomplete. We take you to

mean that the computer and related software we would provide (the "backbone") needs to be expandable for future growth. Please clarify that this is or isn't the case.

**Response:** System must be up-gradable and computers must be capable of software and hardware for future growth of wireless call station and elevator lockout.

11. **Question:** Also, in that same line item, there is a reference to "elevator lockout." Please clarify to what this pertains.

**Response:** We want computer up-grade capable on the computer software of elevator lockout as needed for future use.

12. **Question:** Does the facility need conduit for wiring?

**Response:** Conduit is not necessary as long as low voltage wiring can be tied neatly to existing piping in ceiling where possible to meet expectations of the facility.

13: **ADD TO RFQ:** Page 8, item 13: RFQ to be modified from 2 front door exterior coded key pads to 1 front door coded key pad on the outside.

Date: 6/9/10

**SIGN IN SHEET**

PLEASE PRINT

Request for Proposal No. \_\_\_\_\_

\* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Advantage Healthcare, LLC</u>	<u>8108 Hunters Trail</u>	PHONE <u>877 366-4880</u>
Rep: <u>Tsho Bedl</u>	<u>Roanoke VA 24019</u>	TOLL FREE
Email Address: <u>Tsho@advantagehealthcarellc.com</u>		FAX <u>540 366-4012</u>
Company: <u>Hawkeye Services</u>	<u>RT1 Box 201A</u>	PHONE <u>304-288-6286</u>
Rep: <u>RAN TAYLOR</u>	<u>TERRA ALTA WV</u>	TOLL FREE
Email Address: <u>RLevors@hawkeye.com</u>		FAX
Company: <u>LEVEL 3 SOLUTIONS, LLC</u>	<u>P.O. Box 1210</u>	PHONE
Rep: <u>SETH AOFFMAN</u>	<u>BECKHAMTON, WV 26201</u>	TOLL FREE <u>866-702-5726</u>
Email Address: <u>SHAFFMAN@L3WV.COM</u>		FAX <u>888-255-3219</u>
Company: <u>Mon Valley Technologies</u>	<u>3564 River Road</u>	PHONE <u>304 278-7773</u>
Rep: <u>Bob Bishop</u>	<u>Morgantown WV 26501</u>	TOLL FREE
Email Address: <u>RBISHOP@MVTECH.US</u>		FAX <u>304 278-7404</u>
Company: <u>Stanley Healthcare</u>	<u>661 WINTER RD.</u>	PHONE <u>402-304-9021</u>
Rep: <u>Dor Janssen</u>	<u>Yellow, Ohio 43015</u>	TOLL FREE
Email Address: <u>DJanssen@ax.com</u>		FAX

