



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
BHS12047

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  
 BBH/HF  
 ROOM 350  
 350 CAPITOL STREET  
 CHARLESTON, WV  
 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/17/2011				

BID OPENING DATE: 09/15/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		946-10		
<p>ACCOUNTING SERVICES</p> <p>CONTRACT TO OBTAIN THE SERVICES OF A CERTIFIED PUBLIC ACCOUNTING FIRM WITH HEALTHCARE FINANCIAL MANAGEMENT EXPERIENCE TO PROVIDE TECHNICAL ASSISTANCE TO THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES, OFFICE OF HEALTH FACILITIES PER THE ATTACHED SPECIFICATIONS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE 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 8/30/2011. ALL INQUIRIES SHALL 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:             ROBERTA WAGNER</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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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.

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### 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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BID OPENING DATE: 09/15/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311  FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV  LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON NOVEMBER 1, 2011, AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING THIRTY (30) DAYS WRITTEN NOTICE.  UNLESS SPECIFIC PROVISIONS ARE STIPULATED IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS, AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.  RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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<p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE:  <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a></p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>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.:-----BHS12047-----</p>						

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HEALTH AND HUMAN RESOURCES BBH/HF ROOM 350 350 CAPITOL STREET CHARLESTON, WV 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 09/15/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
BID OPENING DATE: -----09/15/2011----- BID OPENING TIME: -----1:30 PM-----  PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:  ----- CONTACT PERSON (PLEASE PRINT CLEARLY):  -----  ***** THIS IS THE END OF RFQ BHS12047 ***** TOTAL: _____						

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## 1.1 PURPOSE:

The purpose of this Request for Quotation (RFQ) is to engage the services of a certified public accounting firm with health care financial management experience to provide technical assistance to the Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BHFF), regarding financial services at the State owned and operated healthcare facilities.

## 1.2 Background Information and Location of Hospitals

The Bureau for Behavioral Health and Health Facilities, located at 350 Capitol Street, Room 350, Charleston, WV 25301, is responsible for overseeing the preparation and completion of the financial cost reports for all seven (7) of the State owned and operated healthcare facilities. The BHFF assists three (3) of the State owned and operated healthcare facilities with cost accounting and cost report preparation; assists the seven (7) State owned and operated healthcare facilities with billing and collection activities; and monitors the patient trustee account activity at all seven (7) of the State owned and operated healthcare facilities.

### **Hopemont Hospital \***

Hopemont, WV 26764  
98 bed LTC

### **Lakin Hospital\***

Lakin, WV 25250  
114 bed LTC

### **John Manchin, Sr. Health Care Center**

Fairmont, WV 26554  
41 bed LTC/SNF with Outpatient Clinic

### **Jackie Withrow Hospital\***

Beckley, WV 25801  
199 bed LTC

### **Welch Community Hospital**

Welch, WV 24901  
124 bed LTC/Acute

### **William R. Sharpe, Jr. Hospital**

Weston, WV 26452  
150 bed Acute Psych/JCAHO certified

### **Mildred Mitchell-Bateman Hospital**

Huntington, WV 25709  
110 bed Acute Psych/JCAHO certified

\*Cost report preparation by BHFF.

## **2.0 GENERAL REQUIREMENTS**

A certified public accounting firm is to provide qualified and experience personnel to perform professional accounting and financial management services. Curriculum Vitae (CV) for all key staff must be submitted as a component of the proposal. Any changes to key staff must be approved by the BHHF.

### **2.1 Vendor's Experience: Mandatory**

Vendor must provide documentation to demonstrate each of the following requirements:

- Vendor must be registered with the West Virginia Secretary of State.
- Vendor must have a minimum of ten (10) years experience as a Certified Public Accounting Firm.
- Vendor must have at least five (5) years healthcare consulting experience including reimbursement regulation.
- Vendor must have at least three (3) years experience in AU 339 reporting.
- Vendor must have at least five (5) years experience Health Care Authority (HCA) reporting, including all required reports.
- Vendor must have at least five (5) years experience related to rate regulation.
- Vendor must have at least three (3) years experience related to Disproportionate Share Hospital (DSH) reimbursement.

### **2.2 Services to be provided: Mandatory**

Vendor will be responsible for providing professional accounting and financial management services to include, but not be limited to the following services:

- A. Vendor will provide technical assistance and in-service trainings related to: general accounting for healthcare facilities; Medicare and Medicaid cost accounting; and statistical methods for cost reporting purposes. In-services and technical assistance training must be provided in two (2) day sessions at least three (3) times a year, or as requested at locations designated by the BHHF.
- B. Vendor will provide technical assistance in compiling documentation necessary to complete cost reports for Hopemont Hospital, Lakin Hospital, and Jackie Withrow Hospital. Vendor's response to the BHHF's request for assistance with the cost reports must be provided to the BHHF within ten (10) working days.
- C. Vendor will review completed cost reports for Hopemont Hospital, Lakin Hospital, John Manchin Sr. Health Care Center, and Jackie Withrow Hospital and provide technical assistance in modifying and/or updating cost reports. Vendor's response to the BHHF's request for assistance with the cost reports must be provided to the BHHF within ten (10) working days.
- D. Vendor will provide technical assistance for maximizing reimbursement from third party payers, including modification and/or updating of each facility's fee schedules and billing and collection procedures in accordance consistent with Medicare and Medicaid principles. Vendor's response to the BHHF's request for assistance must be provided to the BHHF within ten (10) working days.

- E. Vendor will provide technical assistance in setting each state owned and operated facility's Medicaid rates.
- F. Vendor will provide technical expertise to maximize the Disproportionate Share Hospital (DSH) reimbursement as requested. Vendor's response to the BHHF's request for assistance must be provided to the BHHF within ten (10) working days.

### **3.0 SPECIAL TERMS AND CONDITIONS**

#### **3.1 Insurance Requirements**

The vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. Proof of insurance shall be provided by the vendor at the time the contract is awarded. The vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

- For bodily injury (including death): Minimum of \$500,000.00 per person, and \$1,000,000.00 per occurrence.
- For property damage and professional liability: Minimum of \$1,000,000.00 per occurrence.

#### **3.2 License Requirements**

The successful Vendor must present evidence of certification or licensure With the West Virginia Workers Compensation and Unemployment Funds, a copy of its W. Va. Business Certificate and any other licenses it may be required to hold by the nature of its operation.



**BID SCHEDULE SHEET**

The price(s) quoted in the vendor's Quotation will not be subject to any increase and will be considered firm for the life of the contract. Unit costs shall be firm and include all costs in the bid response. Bidder is to provide an all-inclusive price for each service/tasks to be provided as requested in Section 2.2.

The vendor's quotation must include bids for the following information as outlined:

**A. The vendor must provide technical assistance and in-service training as follows:**

General Administration Services	All-Inclusive Cost/Task
1. General accounting/technical assistance for healthcare facilities.	_____
2. Medicare & Medicaid cost accounting and Statistical methods for cost reporting purposes.	_____
3. In-Service training – a minimum of three (3) per year, two (2) day sessions or as requested by BHHF	_____
<b>Total "Task A"</b>	<b>\$_____</b>

**BID SCHEDULE SHEET**

**B. The vendor will provide technical assistance in compiling the accounting documents necessary to complete the cost reports for:**

Facilities	All-Inclusive Cost/Task
1. Hopemont Hospital	_____
2. Lakin Hospital	_____
3. Jackie Withrow Hospital	_____
<b>Total "Task B"</b>	<b>\$_____</b>

**BID SCHEDULE SHEET**

**C. The vendor will review the completed cost reports for:**

Facilities	All-Inclusive Cost/Task
1. Hopemont Hospital	_____
2. Lakin Hospital	_____
3. John Manchin, Sr. Health Care Center	_____
4. Jackie Withrow Hospital	_____
<b>Total "Task C"</b>	<b>\$_____</b>

**D. The vendor will provide technical assistance for maximizing reimbursement from third party payers. The vendor's services will include the following:**

D-1: Assisting the Department with modifying and/or updating each facility's routine, professional and ancillary services fee schedule (except Welch Community Hospital, Mildred Mitchell-Bateman Hospital, and William R. Sharpe, Jr. Hospital). All changes must be made in accordance with Medicare and Medicare principles.

Facilities	All-Inclusive Cost/Task
1. Hopemont Hospital	_____
2. Lakin Hospital	_____
3. John Manchin, Sr. Health Care Center	_____
4. Jackie Withrow Hospital	_____
<b>Total Task D-1</b>	<b>\$_____</b>

**BID SCHEDULE SHEET**

D-2: Provide technical assistance to update each facility's (except Welch Community Hospital, Mildred Mitchell-Bateman Hospital, and William R. Sharpe, Jr. Hospital) billing and collections procedures. All procedures must be in accordance with Medicare and Medicaid principles.

Facilities	All-Inclusive Cost/Task
1. Hopemont Hospital	_____
2. Lakin Hospital	_____
3. John Manchin, Sr. Health Care Center	_____
4. Jackie Withrow Hospital	_____
<b>Total "Task D-2" \$_____</b>	

**E. Vendor will provide technical assistance in setting the following LTC facility's Medicaid rates:**

Facilities	All-Inclusive Cost/Task
1. Hopemont Hospital	_____
2. Lakin Hospital	_____
3. John Manchin, Sr. Health Care Center	_____
4. Jackie Withrow Hospital	_____
5. Welch Community Hospital	_____
<b>Total "Task E"</b>	<b>\$ _____</b>

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**BID SCHEDULE SHEET**

**F. Vendor will provide technical expertise to maximize the Disproportionate Share Hospital (DSH) reimbursement:**

Facilities	All-Inclusive Cost/Task
------------	----------------------------

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- |                                      |       |
|--------------------------------------|-------|
| 1. Welch Community Hospital          | _____ |
| 2. William R. Sharpe, Jr. Hospital   | _____ |
| 3. Mildred Mitchell-Bateman Hospital | _____ |

**Total "Task F" \$\_\_\_\_\_**

**SUB-TOTAL OF A, B, C, D-1, D-2, E & F: \$\_\_\_\_\_**

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**BID SCHEDULE SHEET**

**HOURLY RATE FOR OPTIONAL ADDITIONAL SERVICES THAT MAY BE REQUESTED  
ANCILLARY TO THE CONTRACT SCOPE OF WORK AND AGENCY REQUIREMENTS**

<u>Classification</u>	<u>Maximum Hours</u>	<u>Hourly Rate</u>	<u>TOTAL</u>
Partner/Member	_____ 15 _____	_____	_____
Manager	_____ 15 _____	_____	_____
Supervisor	_____ 15 _____	_____	_____
Staff	_____ 15 _____	_____	_____
Clerical	_____ 15 _____	_____	_____
<b>Total Cost for Additional Services</b>			<b>\$ _____</b>

NOT TO EXCEED GRAND TOTAL OF A, B, C, D, E & F and  
ADDITIONAL SERVICES FOR A ONE YEAR PERIOD: \$ \_\_\_\_\_

**Basis of Award:**

The lowest responsible bidder (vendor who meets all of the mandatory requirements and submits the lowest bid) will be awarded the contract.

Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

RFQ No. BHS12047

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**West Virginia Code §5A-3-10a states:** No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt 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 exceed five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

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** \_\_\_\_\_



# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 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,  
 Bidder is a partnership, association or corporation resident vendor and 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 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,  
 Bidder is a nonresident vendor 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; or,
- 2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 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; or,
- 3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 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 Bidder's 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; or,
- 4. **Application is made for 5% resident vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of 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) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of 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.

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.

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.