



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  
**CHP12005**

PAGE  
**1**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**KRISTA FERRELL  
 304-558-2596**

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

WEST VIRGINIA CHILDRENS HEALTH  
 INSURANCE PROGRAM  
 SUITE 209  
 1018 KANAWHA BOULEVARD, EAST  
 CHARLESTON, WV  
 25301 304-558-6655

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/20/2011				

BID OPENING DATE: **11/17/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		966-50		
PRINTING OF VARIOUS OUT REACH MATERIALS  REQUEST FOR QUOTATION (RFQ) OPEN END CONTRACT  THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM IS SOLICITING BIDS FOR AN OPEN END CONTRACT TO PROVIDE THE AGENCY WITH PRINTING FOR VARIOUS OUTREACH MATERIALS USED BY THE AGENCY PER THE ATTACHED SPECIFICATIONS.  TECHNICAL QUESTIONS CONCERNING THIS SOLICITATION MUST BE SUBMITTED IN WRITING TO KRISTA FERRELL IN THE WEST VIRGINIA STATE PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN IN THE BODY OF THIS RFQ, VIA FAX AT 304-558-4115, OR VIA EMAIL AT KRISTA.S.FERRELL@WV.GOV. VENDORS ARE ASKED TO INCLUDE THE RFQ NUMBER ON ALL INQUIRIES. IF EMAIL, PLEASE INCLUDE RFQ NUMBER ON THE SUBJECT LINE.  DEADLINE FOR ALL TECHNICAL QUESTIONS IS 11/07/2011 AT THE CLOSE OF BUSINESS (5:00 PM EST).  ANY TECHNICAL QUESTIONS RECEIVED WILL BE ANSWERED BY FORMAL ADDENDUM TO BE ISSUED BY THE PURCHASING DIVISION AFTER THE DEADLINE HAS LAPSED.  NO CONTACT BETWEEN THE VENDOR AND THE AGENCY IS						

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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.

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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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<p>PERMITTED WITHOUT THE EXPRESS WRITTEN CONSENT OF THE STATE BUYER. VIOLATION MAY RESULT IN REJECTION OF THE BID. THE STATE BUYER NAMED ABOVE IS THE SOLE CONTACT FOR ANY AND ALL INQUIRIES AFTER THIS RFQ HAS BEEN RELEASED.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.: .....</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 AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE</p>						

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<p>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>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD 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 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p>						

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<p>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.</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>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY</p>						

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<p>MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</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>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009</p> <p>EXHIBIT 4</p> <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 style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION          PURCHASING DIVISION          BUILDING 15          2019 WASHINGTON STREET, EAST          CHARLESTON, WV 25305-0130</p>						

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<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: KRISTA FERRELL-FILE 21</p> <p>RFQ. NO.: CHP12005</p> <p>BID OPENING DATE: 11/17/2011</p> <p>BID OPENING TIME: 1:30 PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>-----</p>						

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## WEST VIRGINIA CHILDREN'S HEALTH INSURANCE AGENCY

### Background

The West Virginia Children's Health Agency (the Agency) administers a publicly funded insurance program that provides health care coverage for about 25,000 children of working families each month through the Children's Health Insurance Program (WVCHIP). The WVCHIP has a projected enrollment of 25,000 for the 2011 calendar year. The WVCHIP program provides outreach materials to various locations throughout the state. The Agency is seeking one vendor to provide various outreach items to WVCHIP.

### Scope of Work

The vendor will provide the following outreach items when requested by WVCHIP:

1. **ABC Slide Guides (see attachments 1 - 4)**
2. **Good Health Habits Coloring Books (see attachment 5)**
3. **Fitness is Fun Coloring Books (see attachment 6)**

### ABC Slide Guides

These slide guides list helpful tips for new parents in caring for their baby. The guides are a double sided pamphlet that is sealed in the back with a slide insert that goes up and down to show information on 9 various common ailments to babies.

The front side of the cover (see attachment 1) lists the following ailments (and the color associated with it): colic (purple), common cold (orange), constipation (green), cradle cap (blue), croup (brown), diaper rash (purple), diarrhea (orange), earache (blue) and fever (green). The symptoms and treatment show in the hole on the slide when the hole associated with the ailment is red. The bottom of the front cover should contain the WVCHIP logo (see attachment 7).

The back side of the cover (see attachment 2) lists the following ailments (and the color associated with it): head injury (purple), jaundice (orange), meningitis (green), rectal bleeding (blue), strep throat (brown), teething (purple), thrush (orange), umbilical cord care (purple), vaginal discharge (green) and vomiting (blue). The symptoms and treatment show in the hole on the slide when the hole associated with the ailment is black. On the face of the back side is "How to soothe a crying baby" tips and the bottom is a tip for "back to sleep".

The front side of the slide (see attachment 3) lists the symptoms and treatments for the ailments noted on the front side of the cover. At the bottom is a place to list "emergency numbers".



The back side of the slide (see attachment 4) lists the symptoms and treatments for the ailments noted on the back side of the cover. At the bottom is a tip to "Take emergency action".

#### Good Health Habits Coloring Book

This is a 16 page coloring book with good health habits. The front cover of the book (see page 5) bears the WVCHIP logo (see attachment 7).

#### Fitness is Fun Coloring Book

This is a 16 page coloring book with fitness tips from A to Z. The front cover of the book (see page 6) bears the WVCHIP logo (see attachment 7).

The vendor must:

1. Provide WVCHIP with a physical proof for agency's approval, prior to first shipment.
2. Provide mailing and delivery to WVCHIP office (or designated location) within 20 days from receipt of Purchase Order.

#### Mandatory Qualifications

The vendor must meet the following specifications:

1. Have a minimum of five (5) years experience in high volume printing and mailing.
2. Possess equipment and staffing capable of producing the items noted above and mailing for the greatest possible discount per USPS regulations.

Vendor must be able to provide documentation/proof of qualifications upon the request of the agency. i.e. references, past printing jobs of similar size and scope, etc.

#### General Information

Subcontracting is not permitted. Print over-runs will be accepted, but WVCHIP will not reimburse for any over-runs.

#### Costs

All quotes must include shipping and postage charges per 1,000 items shipped.

The agency estimates yearly orders for each item to be approximately 10,000 usually at 3,000 to 5,000 per order.

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.

RFQ No. CHP12005

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

# ABCs of Baby Care



SYMPTOMS | TREATMENT

COMMON AILMENTS

COLIC

COMMON COLD

CONSTIPATION

CRADLE CAP

CROUP

DIAPER RASH

DIARRHEA

EARACHE

FEVER

Directions: Pull the tab until the dot lines up with the desired topic at left, then read the information in the window.



COMMON  
AILMENTS● HEAD  
INJURY

## ● JAUNDICE

## ● MENINGITIS

● RECTAL  
BLEEDING● STREP  
THROAT

## ● TEETHING

## ● THRUSH

● UMBILICAL  
CORD CARE● VAGINAL  
DISCHARGE

## ● VOMITING

# ABCs of Baby Care

## How To Soothe A Crying Baby

If you're having difficulty quieting baby, make sure he or she is fed, dry and not in obvious discomfort. (Remember, babies may cry more when they're not feeling well.) Then try these suggestions.

- Hold and cuddle baby.
- Go for a car ride.
- Walk, holding baby.
- Play the radio.
- Let baby suck on a nipple, pacifier or your finger.
- Give baby a warm bath.
- Lay baby facedown on your lap and rub baby's back.
- Wrap (swaddle) baby tightly in a blanket, making sure baby can breathe easily in this position.
- Take a stroller ride—inside in bad weather.
- Rock baby in a rocking chair or baby swing.
- Put on a steady mechanical noise, such as a fan.
- If necessary, "take five." Walk away, but first make sure baby is in a safe place or with another adult.



## SYMPTOMS | TREATMENT

### Back To Sleep

The American Academy of Pediatrics recommends that healthy infants be placed on their backs in a crib with a firm, tight-fitting mattress and no soft bedding of any kind. This can help reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as crib death.



Temperature over 99°F (37.2°C) measured under arm, over 100.4°F (37.2°C) rectally

Pulling at ear as if in pain • Crying • Fever • Drainage from ear

Frequent, loose, watery stool • Often occurs with fever or vomiting

Red, inflamed or pimply skin in diaper area • Strong ammonia smell

Barking, creaking cough • Hoarse cry • Difficulty breathing

Greasy or dry, yellow, scaly or crusty patches attached to scalp

Difficulty passing stool or hard, pellet-like stool • Straining and pain • Blood in or on stool

Rummy or stuffy nose • Low fever • Cough • Sore throat • Fussiness • Poor appetite

Unexplained bouts of crying lasting 1-2 hours • Red face • Legs drawn to belly as if in pain

Call PCP\* for any fever if baby is 3 months old or less, fever is over 101°F (38.3°C) for ages 4-12 months, or for any fever lasting more than 3 days. • Give baby-strength acetaminophen or ibuprofen if fever is over 102°F (39°C).

See PCP\* for diagnosis • Report any fever and/or discharge. • Give all antibiotics, if prescribed. • Keep affected ear dry during bathing if eardrum has tear. • Give baby-strength acetaminophen or ibuprofen for pain or if fever is over 102°F (39°C).

Call PCP\* if diarrhea is persistent or if baby has fever, is vomiting or bleeding, or refuses to drink. • Give fluids in frequent, small amounts. Continue full-strength formula (or breastfeeding) if symptoms are mild. • Babies normally treated with diet (rice, applesauce, bananas), not medicine.

Change diaper often to keep baby clean and dry. • Wash area with warm water at each change. Use mild soap only if stool is present. • Treat rash with A&D or zinc ointment. • Let baby go diaperless at times. • See PCP\* if rash lasts more than 3 days or bleeds.

Hold baby upright. • Have baby breathe moist air in steamy bathroom. • Call PCP\* if this is baby's first episode or breathing is mildly difficult. • Call for help or go to ER for drooling/inability to swallow, severe difficulty breathing, blue lips or fingers, or decreased consciousness.

Softens crusts with baby oil or olive oil 1 hour before washing. • Shampoo often with baby shampoo. • Check with PCP\* before using medicated shampoos. • Use soft baby brush daily to prevent build-up. • Call PCP\* if patches persist or baby has red, scaly areas on body.

Check with PCP\* about any diet changes (cereals, bananas and applesauce can be constipating). • Increase fluids if possible. • See PCP\* if baby is not relieved or has bloody stools. • Never use laxatives or medicines without PCP\*'s OK.

If no fever, keep baby warm, give fluid and raise head. • Clear nose often and humidify air. • Call PCP\* for fever, shaking chills, difficulty breathing or swallowing, earaches, hacking cough or enlarged glands. • Take baby to emergency room if lips or skin are blue.

Comfort baby with rocking, walking, car rides, warm bath, swaddling, burping or gently rubbing tummy or back. • If breastfeeding, try changing diet. • See PCP\* if you suspect illness. • Colic is a normal phase for some babies and lasts 3-4 months.

**NEVER SHAKE A BABY. STAY CALM. THE BABY WILL PICK UP ON YOUR DISCOMFORT. IF CRIES CONTINUE FOR LONG PERIODS OF TIME, CALL YOUR PRIMARY CARE PROVIDER.**

EMERGENCY NUMBERS

Primary Care Provider (PCP) \_\_\_\_\_  
 Police / Fire / Ambulance \_\_\_\_\_  
 Pharmacy \_\_\_\_\_  
 Poison Control 1-800-222-1222 (in U.S.) \_\_\_\_\_  
 Other \_\_\_\_\_

\*Primary Care Provider

\*\*Remember, children differ in their number of stools per day.

For spitting up, feed more slowly and burp often • For vomiting, give small amounts of clear fluids • If severe vomiting, rest stomach 1 hour then start fluids • Call PCP if vomiting lasts over 24 hours or baby has no urine for over 8 hours, sunken soft spot on head or blood in vomit

Slight bleeding and discharge common in newborn girls for a few days. If later, see PCP • Pat genital area dry after bathing • Always wipe baby girls front to back • Use mild soap only • Avoid bubble baths • Change baby frequently

Keep diaper folded below cord stump • Clean cord base (where it attaches) with rubbing alcohol twice daily until it weaks after cord falls off • Cord will fall off on its own—do not pull • See PCP if cord area becomes red, swollen or foul-smelling

See PCP for diagnosis and treatment • Give baby medication as directed • Cool all foods to room temperature • Soak pacifiers and nipples from bottles in hot water 15 minutes • Change diapers frequently to prevent thrush in diaper area

Give baby something hard or cold to bite, like a baby biscuit, chilled teething ring or vegetable—not wood or plastic • Contact baby • Rub gum with finger, not tongue • Call PCP for severe pain or fever over 101°F (38.3°C)

Rash in children under age 2 • See PCP for diagnosis (diap test and treatment antibodies) • Continue until 24 hours after starting antibiotics • Warm fluids and baby-strength acetaminophen or ibuprofen will help relieve pain/fever

Blood or mucus may be normal in FIRST FEW DAYS OF LIFE ONLY. Later, alert PCP • Call PCP immediately if stool looks very red, like jelly, or streaks of blood appear on diaper or stool

If flu-like symptoms are accompanied by stiff neck, body rash or aversion to light, call PCP immediately. Hospital diagnosis and treatment are probably required • Do not give any medication without PCP's OK

Mild jaundice is common in newborns first week, usually appearing 2-3 days after birth, then diminishing • If jaundice persists or worsens, see PCP immediately for diagnosis and treatment

Any head injury with these symptoms is an EMERGENCY. Call for emergency help • If possible, don't move baby if you suspect neck or back injury or broken bone, or there's new, clear or blood-tinged discharge from nose or ear

Persistent vomiting • May occur with fever, irritability, etc.

Clear white, pink or blood-tinged discharge in newborn girl

Swallow alert for blackness and swelling in ears • Full stool • Stomach cramping, bloating or bulging

White or gray patches inside mouth • Fussiness • Decreased feeding

Redness around navel • Irritating rash • Gum pain • Drooling • Fussiness

Red throat • Fever • Cus pockets on tongue • Painful swallowing, weak cry

Blood or mucus in stool • Only in FIRST WEEK • Lateral neck streaks in stool

Soft neck • Irritability • Lethargy • Vomiting • Bulging soft spot on head

Yellowish skin or whites of eyes • Lethargy • Dark urine • Pale stools • Nausea

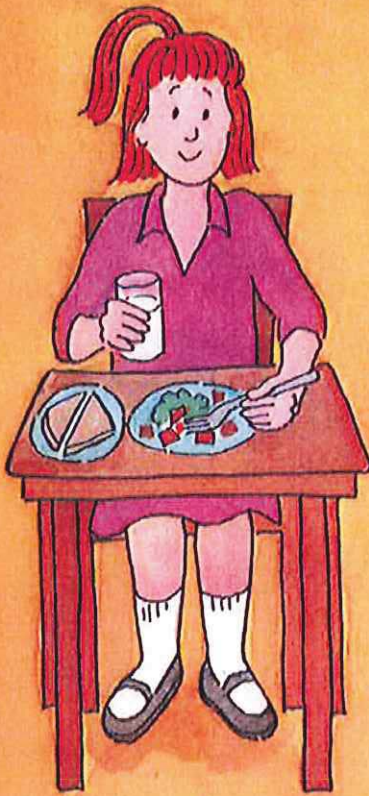
Unconsciousness • Frequent vomiting • Discharge from nose or ear

## TAKE EMERGENCY ACTION

Call paramedics, ambulance or go to emergency room when...

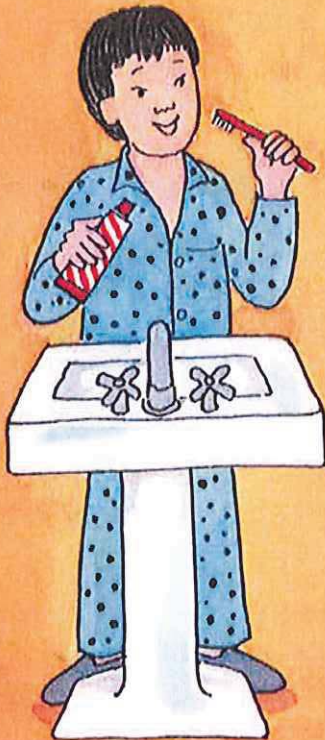
- BABY HAS DIFFICULTY BREATHING
- BABY HAS BLEEDING THAT WON'T STOP
- BABY IS UNCONSCIOUS

Know how to handle an emergency—you'll stay calm and in control. Contact your hospital or local chapters of the American Red Cross or American Heart Association for a course that includes Infant First Aid and Cardiopulmonary Resuscitation (CPR) TODAY.



Learn About  
**GOOD  
HEALTH  
HABITS**

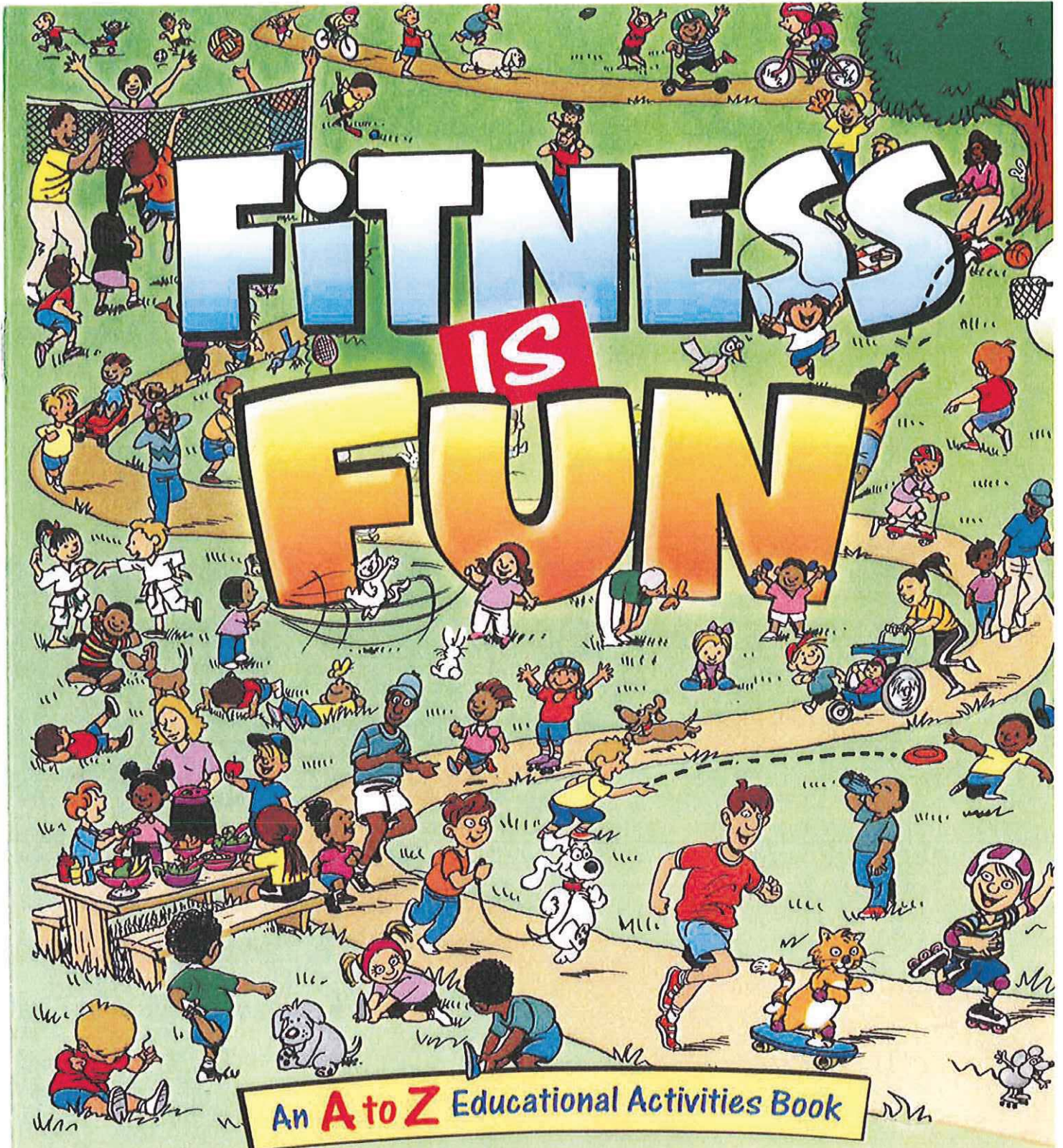
COLORING & ACTIVITY BOOK



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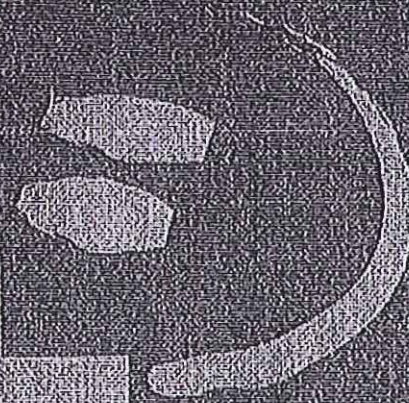
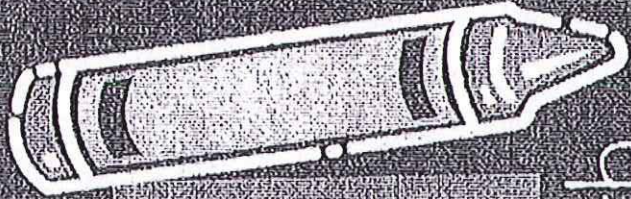
An **A to Z** Educational Activities Book

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West Virginia

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Children's Health  
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