

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

GSD126429

PAGE 1

SHELLY MURRAY
304-558-8801

DEPARTMENT OF ADMINISTRATION
SERVICES DIVISION
BUILDING FIVE - HIGHWAYS
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25305
304-558-2317

RFQ COPY TYPE NAME/ADDRESS HERE

| DATE PF | | TE | RMS OF SAI | Æ | SHIP V | A | | F.O.B, | | REIGHT TERMS |
|----------------|------------------|-----------|--------------|--------|-----------------------------------|--------------------------|----------|-------------|-----------|--------------|
| 01/18 | • | 01/04/ | 0010 | | | DTD C | DENTING | mana a | 2000 | |
| BID OPENING DA | 9992 999399999 | 01/24/ | • | CAT. | | | PENING | |)1:30Pl | |
| LINE | | QUANTITY | UOP | NO. | ITEM NUM | BER | U | INIT PRICE | | AMOUNT |
| | | | | ADDEN | DUM NO. 1 | | | | | |
| | THIS | ADDENDU | M IS 1 | SSUEL | TO: | | | | | |
| | 1.) LIST | | A COE | Y OF | THE MANDA | TORY PR | E-BID . | ATTENDEE | | |
| | SUBM: | ITTED IN | ACCOF | DANCE | ALL TECH WITH THE R QUOTATI | PROVIS | IONS O | F | | |
| | 3.) | EXTEND ' | не ві | D OPE | NING DATE | | | | | |
| | | OPENING ' | | | ENDED TO: | 01/24 1:30 | | | | |
| | **** | ***** | ***** | ** AD | DENDUM NO | . 1 *** | ***** | ***** | | |
| 0001 | VALVI | 1 | LS EMENTS | | 31-13 H FLOOR B | OILER R | OOM BLI | DG 5 | | |
| SIGNATURE | | | | SEE AE | VERSE SIDE FOR TE | ERMS AND CO TELEPHONE | NDITIONS | D <i>F</i> | ΤE | |
| TITLE | | | FEIN | | | | 1 . | | | |
| | | | | | | | A | DDRESS CHAN | GES TO BE | NOTED ABOVE |

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.html 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 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 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).

PRE-BID CONFERENCE SIGN IN SHEET

Request for Quotation Number:

C801510450

Date:

01/11/12

Conserverens

morest

2552

349 W1

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

| Firm Name: | Witon Mothers | Eim Nomo: | Z |
|--|-------------------------------|--|-------------|
| Firm Address: | 4300 Siest AUPWVE 21/Sprie | Firm Address: | P.O Bay |
| | | | Cuer |
| Represenative Attending: Phone Number. Fax Number. | 304-904-0546 304-304-1350 | Represenative Attending: Phone Number: Fax Number: | 304-346 |
| Email Address: |) pycol & mitaomechanial love | Email Address: | ROBALD KING |
| Firm Name: | Counts on | Fim Name: | 01260 |

| Time Name | |
|--------------------------|----------------------------|
| rim Name: | Alpha Mermanna Seev |
| Firm Address: | 461 274 5 |
| 3 | DUNBUR WV. 25064. |
| | |
| * | |
| Represenative Attending: | michae (Hattle 12. |
| Phone Number: | 304 767-5610 |
| Fax Number. | 304 766-1008 |
| Email Address: | RANDY, BORNOTTO DOMSPPINIE |

ANK.

Hurricank, W

2336. Veneanen

Firm Address:

O SUDDENLINKMAIL, COM

6-0546

Sign

| EE | Repre Phone Fax N |
|-----------------------------|--|
| Chas. W. 25 301 | 1941 LithWas YER 304- 345-05 49 304- 343-1723 Plancaster & Casto Fedución |
| Firm Name: Firm Address: | Represenative Attending: Phone Number: Fax Number: Email Address: |

i brown @ comcow. Com

512-7705

304

RE Brown

Represenative Attending:

Phone Number:

Email Address:

Fax Number:

364 397-4178

| Firm Name: Firm Address: | Lurin |
|--|------------------------------|
| Represenative Attending: Phone Number. Fax Number. | Joy - 741-25-38 |
| Email Address: | 4,6,50 (19 Carion , 4th, Col |

PRE-BID CONFERENCE SIGN IN SHEET

Request for Quotation Number:

GSD126429

Date:

01.1112

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

| Firm Nama: | 1 | | |
|--------------------------|------------------|---------------------------|--|
| Cim Addison | CAR KIND CORP. | Firm Name: | |
| riili Address. | | Firm Address: | |
| | | | |
| | | | |
| a. | | | |
| Represenative Attending: | Loss Lugalinisch | Representative Attending: | |
| Phone Number: | 304 896 5793 | Phone Number | |
| Fax Number: | 840 998 9973 | Eav Nimber | |
| Email Address: | 3 | Email Address: | |
| | | | |
| Firm Name: | | | |
| Firm Address: | | rim Name: | |
| | | Firm Address: | |
| | | e ir | |
| | | | |
| | | | |
| Represenative Attending | | | |
| Phone Number | | Represenative Attending: | |
| Fay Nimber | | Phone Number: | |
| | | Fax Number. | |
| Email Address: | | Email Addness: | |
| | | | |
| Firm Name: | | Firm Name: | |
| Firm Address: | | Firm Address: | |
| ٠ | | | |
| *1 | | | |
| | | œ€: | |
| | | ٠ | |
| Represenative Attending: | | Represenative Attending: | |
| Phone Number: | | Phone Number | |
| rax number. | | Fax Númber. | |
| Email Address: | | Email Address: | |