

NEZDOR

RFQ COPY

TYPE NAME/ADDRESS HERE

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 MHC12097 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

R	OB	ERTA	WAGNER
3	04	-558	-0067

HEALTH AND HUMAN RESOURCES S JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET FAIRMONT, WV 26554

DATE PRINTE		RMS OF SALE	SHIP \	/iA	F.Ö.B.	FREIGHT TERMS	
12/20/20							
BID OPENING DATE:	01/19/2		one Income and the control of the control	BID O	PENING TIME	01:30PM	wooddaa
LINE	QUANTITY	UOP CAT		MBER	UNIT PRICE	AMOUNT	
001	1	JB	948-74				
d _E	EN END CONT	RACT TO	INTERPRET X	K-RAYS &	MAMMOGRAMS		
		REQUEST	FOR QUOTATI	ION			
MA TH	MMOGRAMS FO	R JOHN M NT CLINI	ANCHIN SR. C AND LONG	HEALTH TERM CA	X-RAY FILMS CARE CENTER F RE UNIT AT TH NS.	'OR	
EX	HIBIT 3					5	
UF YE NE OR NC TI RE	ON AWARD A CAR OR UNTII CESSARY TO CIGINAL CONT TEXCEED TO ME" THE VEN	ND EXTEN SUCH "R OBTAIN A RACT. T VELVE (12 VDOR MAY SIVING TH	DS FOR A PE EASONABLE T NEW CONTRA HE "REASONA) MONTHS. TERMINATE T	ERIOD OF TIME" TH ACT OR R ABLE TIM DURING THIS CON	EREAFTER AS I	LL BLE	
IN PR		RACT DOCU	MENT, THE I	TERMS, C	ED ELSEWHERE ONDITIONS AND E OF THE		
WR SU DA	TITTEN CONSER BMITTED TO YS PRIOR TO	ENT OF TH THE DIRE THE EXP	E SPENDING CTOR OF PUR IRATION DAT	UNIT AN RCHASING TE. SUC	PON THE MUTUA D VENDOR, THIRTY (30) H RENEWAL SHA DITIONS OF TH	LL	
		SEE	REVERSE SIDE FOR T		NDITIONS	IDATE	
SIGNATURE				TELEPHONE		DATE	
TITLE	F	EIN			ADDRESS CHA	ANGES 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.
- In the event the vendor/contractor files for bankruptcy protection, the State may deem 12. BANKRUPTCY: 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 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).



VEZDOR

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 MHC12097

PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BERTA WAGNER

ROBERTA WAGNER 304-558-0067

RFζ	Q COPY	
TYPE	NAME/ADDRESS	HERE

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE
401 GUFFEY STREET
FAIRMONT, WV
26554 304-363-2500

DATE PRINTED	TI I	ERMS OF SAL	E	SHIP VIA	F.O.B.	FREIGHT TERMS
12/20/201	1					
BID OPENING DATE:	01/19/	2012		BID C	PENING TIME (1:30PM
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	GINAL CON YEAR PER		AND S	HALL BE LIMITED	TO TWO (2) ONE	
RIG NOT SUP TO	HT TO CAN TICE TO THE PLIED ARE THE SPECI	ICEL THE VEND CONTROL OF AN	IS CC OR IF INFE ONS C	TOR OF PURCHASING TRACT IMMEDIATE THE COMMODITIES RIOR QUALITY OR F THE BID AND CO	LY UPON WRITTEN AND/OR SERVICH DO NOT CONFORM NTRACT HEREIN.	
AUT MAR EST IMM CAU FOR	HORIZE A KET, WITH IMATE, IT EDIATE DE SES (INCI	SPENDI CUT TH EMS SE LIVERY UDING	NG UN E FII ECIFI IN E BUT N	DIRECTOR OF PURIT TO PURCHASE OF A REQUISTED ON THIS CONTRACTOR TO DESCRIPTION OF LIMITED TO DESCRIPTED INCREASE	N THE OPEN TION OR COST ACT FOR O UNFORESEEN LAYS IN TRANS-	
APP THE THA QRD	ROXIMATION STATE SENTE THE CONTRIBUTE THE CONTRIBUTE TO STATE TO STATE TO STATE THE STATE TO STATE TO STATE TO STATE THE STATE TO STATE THE STATE TO STATE TO STATE THE STATE TH	ONS ONL ENDING TRACT DELIVE	Y, BA UNIT SHALI RY DU	LISTED IN THE RESED ON ESTIMATES TO IT IS UNDERSTORM COVER THE QUANTERING THE TERM OF THE QUANTITIES.	SUPPLIED BY OOD AND AGREED ITIES ACTUALLY THE CONTRACT,	
WRI THE THE VEN MAI	TTEN STAT VENDOR F ORIGINAL DOR AS AU	TE CONT TOR COM COPY THORIZ TE PURC	RACT MODIT OF TH ATION HASIN	NDING UNIT(S) SHORDER (FORM NUME IES COVERED BY TE WV-39 SHALL BE FOR SHIPMENT, A G DIVISION, AND G UNIT.	ER WV-39) TO HIS CONTRACT. MAILED TO THE SECOND COPY	
FOR		'dy pro	TECTI D, AN	NT THE VENDOR/CO ON, THIS CONTRAC D IS TERMINATED VERSE SIDE FOR TERMS AND CO	T IS AUTOMATI- WITHOUT FURTHER	3
SIGNATURE				TELEPHONE		TE
TITLE		FEIN			ADDRESS CHAN	GES TO BE NOTED ABOVE
1		1			DITECO CITATO	



MODZEK

RFQ COPY

TYPE NAME/ADDRESS HERE

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 MHC12097

PAGE 3

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

HEALTH AN

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET FAIRMONT, WV 26554 30

DATE PF		TER	MS OF SAL	Ė	SHIP VIA		F.O.B.		FREIGHT TERMS
12/20	OF SAME OF SAME AND ADDRESS.	1/10/0	010			DTD OI	DENTING MENT	21.2	0.774
D OPENING DA		1/19/2	to consider the	214		BID OF	PENING TIME	01:3	
LINE	QUAN	ITITY	UOP	CAT. NO.	ITEM NUMBER		UNIT PRICE		AMOUNT
	ORDER.								
	THE TER	MS AND	CONI	исттт	IS CONTAINED	ייר מד ס	HIS CONTRACT	¥	
					ALL SUBSEÇ				
							CHED PRINTED		
					LISTS, ORD				
					AS CD-ROM.	TS, II	NCLUDING ANY		
	REV. 04	/11/20	01						
	INQUIRI	ES:				- 11			
	WRITTEN	QUEST		Contract and the contract of t		Principal and Control of the State of	OUGH CLOSE OF		
	BUSINES				10		MAY BE SENT		
							TO ASSURE NO SUBSTANTIVE		
							DSSIBLE, E-MA	IL	
					. ADDRESS				
	ROBERTA	WAGNE	R						
	DEPARTM			NISTR	ATION				
	PURCHAS	ACCOUNT OF THE PARTY OF THE PAR		10-101					
	2019 WA				EAST				
	CHARLES	TON, W	V 253	7.7					
	FAX: 30	4-558-	4115						
	E-MAIL:	ROBER	TA.A.	WAGNE	R@WV.GOV				
	EXHIBIT	4							
		·-							
	LOCAL G	OVERNM	ENT B		: UNLESS VERSE SIDE FOR TERM		ENDOR INDICAT	ES	
NATURE						PHONE		DATE	
LE		FE							



>EZDOR

State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

MHC12097

PAGE 4

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR. HEALTH CARE

FAIRMONT, WV

DATE PRINTED	TERMS OF SA	LÉ	SHIP VIA	F.O.B.	FREIGH	HT TERMS
12/20/2011	100 101 101 101 101 101 101 101 101 101					
ID OPENING DATE:	01/19/2012		BID	OPENING TIME	01:30PM	
LINE	QUANTITY UOP	CAT. IT	EM NUMBER	UNIT PRICE	Al	MOUNT
AND AND TO P VIRG PRIC POLI CLEA	HE BID HIS RE CONDITIONS OF OTHER LOCAL GO OLITICAL SUBD INIA. IF THE ES, TERMS, AND TICAL SUBDIVIOR RLY INDICATE OF L NOT PREJUDICE ER.	THE BID TO VERNMENT B IVISIONS OF VENDOR DOE CONDITION SIONS OF TH	COUNTY, SOUDIES, THE THE STATES NOT WISH SOF THE ESTATE, THE IN HIS ESTATE, TO THE SOUDIES.	SCHOOL, MUNICE BID SHALL EXE OF WEST TO EXTEND THE BID TO ALL CHE VENDOR MUSE BID. SUCH REI	IPAL KTEND HE ST FUSAL	
PURC CURR IS I MUST CARD AGEN	3/88 HASING CARD AGENTLY UTILIZES SSUED THROUGH ACCEPT THE S' FOR PAYMENT OF CY AS A CONDITED	A VISA PU A BANK. T TATE OF WES F ALL ORDE	RCHASING C HE SUCCESS T VIRGINIA RS PLACED	CARD PROGRAM V SFUL VENDOR VISA PURCHAS	WHICH	
VERS	VENDO TEAM EXHIBIT ION WHICH IS I ://WWW.STATE.	VAILABLE H	EPLACED BY	THE ONLINE	PDF	
A SI	GNED BID MUST DEPARTMENT OF					
	PURCHASING DEBUILDING 15 2019 WASHINGS CHARLESTON, N	ON STREET,				
. Name		SEE REVERSE SIDI	FOR TERMS AND C	ONDITIONS	- Inves	
GNATURE			TELEPHONE		DATE	
TLE	FEIN			ADDRESS	CHANGES TO BE NOT	ED ABOVE
0.0000000000000000000000000000000000000	the contraction of			ADDRESS	STIMINGES TO BE NOT	LD MOOVE



NODZE

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 MHC12097 PAGE 5

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES
JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET
FAIRMONT, WV
26554 304-363-2500

DATE PRINT		TEI	RMS OF SAI	E	SHIP	/IA	F.O.B.		FREIGHT TERMS
12/20/2		1101				-			
BID OPENING DATE:	C	1/19/	2012	Inches Control Control	The strategy control and the strategy control	BID C	PENING TIME	01:	30PM
LINE	QUAI	NTITY	UOP	CAT. NO.	ITEM NUI	WBER	UNIT PRICE		AMOUNT
1		ELOPE			THIS INFO		ON THE FACE	OF	,
E	UYER:-				-RW/FILE	22			
F	FQ. NO).:		N	IHC12097				
E	ID OPE	NING 1	ATE:-	1	/19/2012-				7
E	ID OPE	NING '	TIME:-	1	:30 PM				
					MBER IN (G YOUR B)		IS NECESSARY		
C	 ONTACI	PERSO	ON (PI	EASE	PRINT CLI	EARLY):			
	-								
				AF- 5	VERSE AIRE PRE		, vorticulo		
SIGNATURE				OEE HE	VERSE SIDE FOR T	TELEPHONE	ANTHORS	DATE	
TITLE		Tr	EIN					<u> </u>	
IIIC			CIIA				ADDRESS CH	ANGES	TO BE NOTED ABOVE



>HZDOR

RFQ COPY

TYPE NAME/ADDRESS HERE

State of West Virginia Department of Administration Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for

RFQ NUMBER MHC12097 6

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 04-558-0067

HEALTH AND HUMAN RESOURCES JOHN MANCHIN, SR. HEALTH CARE

401 GUFFEY STREET FAIRMONT, WV 26554

DATE PRIN		TÉ	RMS OF SA	ALE		SHIP	VIA		F.O.B.		FREIGHT TERMS
12/20/2						100000000000000000000000000000000000000					
BID OPENING DATE:	. 0	1/19/	2012				BID	PEI	NING TIME	01:	:30PM
LINE	QUAN	YTITY	UOP	CAT. NO.		ITEM NU	MBER		UNIT PRICE		AMOUNT
	****			HE ENI	OF			997	***** TOT.	AL:	AMOUNI
				SEE RE	VERSE	SIDE FOR	TERMS AND CO	NDITIO	ÖNS		I
SIGNATURE							TELEPHONE			DATE	
TITLE		- 1	FEIN				1		ADDRESS CHA	NGES	TO BE NOTED ABOVE

WV-36A (Rev 01/01/07)

Vendor:

STATE

PUR

E OF WEST	VIRGINIA CONTINUATION	QUEET	RW22	Page:	MHC12097
OHAGE	CONTINUATION	SHEET	Spending	Unit:	
			. WVDH	HR-Johr	n Manchin Sr. Health Care Ctr.

To provide the services of Interpreting X-Ray films and Mammograms for John Manchin Sr. Health Care Center for the Out Patient Clinic and Long Term Care Unit of the facility.

These services are ordered by physicians at John Manchin Sr. Health Care Center and taken in the centers x-ray department. The films shall then be interpreted by the provider awarded this contract.

The individual who performs this service must be licensed by the WV Board of Medicine and be a licensed radiologist and be in compliance with the Mammography Quality Standards Act (MQSA) requirements available at www.fda.gov/radiation-EmittingProducts/MammographyQualityStandardsActandProgram.

These interpretations shall be read at least once a week and results given in written format to John Manchin Sr. Health Care Center Radiology Department.

Vendors shall provide their cost for services in the two following ways.

- 1. Cost for services provided in-house at 401 Guffey Street, Fairmont, WV.
- 2, Cost for services provided outside the facility.

ATTACHED is a LIST of services which will be interpreted. Each procedure shall be priced separately.

Vendor shall provide copies of license and certifications as required by the State of West Virginia for Radiologist. Vendor must provide proof of current professional liability insurance, prior to award showing John Manchin Sr. Health Care Center as a certificate holder. 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

Worker's Compensation Insurance must be provided prior to Award.

Vendor will be responsible for billing all interpretations where patient has insurance coverage (this information will be provided with each x ray/mammogram).

John Manchin Sr. Health Care Center will pay the vendor for all non insurance covered interpretations at the quoted fee. A monthly list will be provided to the facility with patient number and charges for services.

Vendor must comply with HIPPA regulations.

ATTACHED IS A LIST OF SERVICES WHICH WE NEED PRICE QUOTES FOR SERVICES WHICH MAY BE RENDERED.

This will an open end contract and will run for a period of one year with the option of two (2), one (1) year.

Volume: Estimated quantity is 70 to 90 exams per month.

Award will be made to the lowest total bid, meeting specifications.

No advance payment. All invoices will be paid in arrears.

CPT-4 CODE	UPPER EXTREMITIES	EST QTY	UNIT PRICE	TOTAL
73080	Elbow, complete routine, minimum 3 views	15		
70370	Elbow, AP & Lateral	1		
73090-	Forearm, including one joint	-12		-
73092	Upper extremity, infant	1		
73100	Wrist, AP & Lateral	4		
73110	Wrist, complete routine, minimum 3 views	25		
73120	Hand, two views	1		
73140	Finger	10		
73130	Hand, three views	20		
73000	Clavicle, complete	4		
73010	Scapula	2		
	Shoulder, one projection	1	1	, , , , ,
73020	Shoulder, complete study	25		
73030		10	-	
73060	Humerus, including one joint	10		
	LOWER EVEREAUTIES			
72500	LOWER EXTREMITIES	2		
73500	Hip, one view	30		
73510	Hip, complete study Femur (thigh), including one joint	5		-
73550	11.000000000000000000000000000000000000	24	-	
73560	Knee, two views	3		
73564	Knee, complete, routine, minimum 3 views	5		
73590	Tibia and Fibula (leg), including one joint, 2 views	1		-
73592	Lower extremity, Infant	1		1
73600	Ankle, two views		H	
73610	Ankle, complete, minimum 3 views, routine	24		
73620	Foot, two views	1		
73630	Foot complete, routine, min. 3 views (AP oscalis)	20		
73650	Oscalcis (heel), minimum 2 views	4		
73660	Toe	15		LL
	ABDOMEN			
74000	Abdomen, single view	20		
74010	Abdomen, multiple views	20		
74020	Abdomen, multiple views, including Chest AP	2		Ш
	CHEST		7-1	т
71100	Ribs, unilateral	10		
71110	Ribs, bilateral		The state of the s	<u> </u>
71120	Sternum	1	2	Ш
•			3(4.3	
	SPINE & PELVIS			
72010	Spine, entire survey study only, AP & Lat.		1	<u> </u>
72020	Cervical Spine	15	5	
72040	Cervical Spine, AP & Lat	10	0	
72050	Cervical Spine, minimum of 4 views	1	5	
72070 ·	Thoracic Spine, AP & Lat	1	0	
72070	Thoracic-lumber Spine, AP & Lat		1	
72100	Lumbosacral Spine, AP & Lat	3		
	Lumbosacral Spine, AP, Lat & Oblique view		1	
72110		1		11
72170	Pelvis, anterposterior only		1	+
72190	Pelvis, two views or stereo		8	+
72220	Sacrum and Coccyx		<u> </u>	

	HEAD AND NECK				
70100	Mandible, partial less than 4 views	2			
70110	Mandible, complete, minimum-of-4-views	2		H	
70120	Mastoids, less than 3 views per side	1			
70130	Mastolds, complete, minimum of 3 views per side	1			14
70140	Facial Bones, less than 3 views	1			
70150	Facial Bones, complete, minimum 3 views	4			
70160	Nasal Bones	4			
70200	Orbits, complete, minimum 4 views	1.			
70210	Paranasal Sinuses, less than 3 views	4			
70220	Sinuses, complete, minimum 3 views	10			
70260	Skull, complete, minimum 4 views, with or w/o stereo	2			
70300	Teeth, single view	1			W
70360	Neck, soft tissue examination	. 2			
71020 71030	Chest, two views or stereo Chest, complete, minimum 4 views (Pa, Lat, & Both Obliqu	240			
	UROLOGICAL				
74000	Kidney, Ureters, & Bladder, single view	20			
	GYNECOLOGICAL & OBSTETRICAL		0.00		
76090	Mammography, unilateral	10			
76091	Mammography, bilateral	114			
	GRAND TOTAL	868		\$	
	VENDOR NAME				

Rev. 09/08

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.

DIVISION	Will Hake the determination of the Association
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 preced-
	ing 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.
require agains or ded	understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the ements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty st such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency ucted from any unpaid balance on the contract or purchase order.
author the red deem	omission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and izes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid quired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information ed by the Tax Commissioner to be confidential.
and a	r penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true ccurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate ges during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
Bidde	r:Signed:
Date:	Title:

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

RFQ No. MHC12097

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:		<u> </u>		
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 _			