



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
MMB12082

PAGE
1

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV
 25705 304-525-7801

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/24/2011				

BID OPENING DATE: 11/23/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				OPEN-END BLANKET CONTRACT		
0001	10	EA		979-45		
				MONTHLY RENTAL OF OXYGEN CONCENTRATORS		
0002	10	EA		979-45		
				MONTHLY RENTAL OF AUTO CPAP W/HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE).		
0003	10	EA		979-45		
				MONTHLY RENTAL OF BI-PAP WITH HEATED HUMIDIFICATION (BILEVEL POSITIVE AIRWAY PRESSURE).		

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 and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0004	10	EA		979-45		
	MONTHLY RENTAL OF CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE).					
0005	2	EA		979-45		
	MONTHLY RENTAL OF TRACHEA HUMIDIFICATION EQUIPMENT.					
0006	200	EA		271-80		
	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) NASAL MASK WITH HEAD GEAR.					
0007	200	EA		271-80		
	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) FULL FACE WITH HEAD GEAR.					

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0008	200	EA		271-80		
				CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) TUBING.		
0009	5	EA		271-80		
				TRACH MASKS.		
0010	5	EA		271-80		
				JET NEBULIZERS.		
0011	5	EA		271-80		
				CORRUGATED TUBING.		
0012	5	EA		271-80		
				WATER TRAPS.		

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0013	5	EA		271-80		
	TRACH TIES.					
0014	5	EA		271-80		
	T-ADAPTERS.					
0015	40	BX		271-80		
	DISPOSABLE TRACHEA CANNULAS (DIC) ASSORTED SIZES (10 PER BOX).					
0016	40	BX		271-80		
	DISPOSABLE TRACHEA CANNULAS (DCFS) ASSORTED SIZES (10 PER BOX).					
0017	40	BX		271-80		
	DISPOSABLE TRACHES CANNULAS (CFS) ASSORTED SIZES					

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0018	(10 PER BOX) 104	HR		948-86		
	RESPIRATORY THERAPIST SERVICES - HOURLY CHARGES -					
	ALL INCLUSIVE OF TRAVEL - MONDAY THRU FRIGAY 9 A.M. TO 5 P.M.					
0019	104	HR		948-86		
	RESPIRATORY THERAPIST SERVICES - HOURLY CHARGES -					
	ALL INCLUSIVE OF TRAVEL - WEEKENDS AND/OR HOLIDAYS 9 A.M. TO 5 P.M.					
0020	104	HR		948-86		
	RESPIRATORY THERAPIST SERVICES - HOURLY CHARGES -					
	ALL INCLUSIVE OF TRAVEL - AFTER HOURS AND EMERGENCIES (AFTER 5 P.M.)					

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0021	156	EA		948-86		
RESPIRATORY THERAPIST SERVICES - DAILY CHARGES FOR SERVICES PROVIDED FOR 8 HOURS - ALL INCLUSIVE OF TRAVEL MONDAY THRU FRIDAY 9 A.M. TO 5 P.M. THIS WILL BE AN OPEN END CONTRACT TO PROVIDE RENTAL OF RESPIRATORY THERAPY EQUIPMENT, AND PURCHASE OF SUPPLIES AND CONSULTING SERVICES ON THE CAMPUS OF THE HOSPITAL, PER THE ATTACH SPECIFICATIONS. EXHIBIT 3 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. 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. 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						

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	(1)	YEAR PERIODS.				
<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 SERVICES 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 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>						

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<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>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 11/8/2011. QUESTIONS MAY 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:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEN</p>						

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<p>TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</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>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</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>						

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THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID BUYER:-----RW/FILE 22----- RFQ. NO.:-----MMB12082----- BID OPENING DATE:-----11/23/2011----- 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 MMB12082 ***** TOTAL: _____						

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EQUIPMENT, SUPPLIES AND CONSULTING SERVICES*Type of Purchase*

The West Virginia Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, Mildred Mitchell-Bateman Hospital located at 1530 Norway Avenue in Huntington West Virginia, is soliciting bids to provide Respiratory Therapy Equipment, Supplies and Consulting Services at the campus of the hospital, per the attached specifications.

WV Division of Labor states that all work involving various crafts and labor are to be paid prevailing wages which contain hourly rates and fringe benefit rates, established annually by Division of Labor.

Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required fee.

STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET

Buyer: RW22	Page:	Requisition or P.O. No.: MMB12082
Spending Unit: WVDHHR/BHFF/MMBH		

Vendor: _____

To provide an open-end contract for a Respiratory Therapist Equipment, Supplies and Consulting Services.

The purpose of this request is to obtain Rentals for Respiratory Therapist Equipment, as well as providing Supplies and Consulting Services at the State Owned & Operated Psychiatric Hospital, Mildred Mitchell-Bateman Hospital.

MANDATORY REQUIREMENTS:

Vendor (Agency/Respiratory Therapist) must agree to provide a Licensed Respiratory Therapist (RT) who must schedule and coordinate a weekly visit with the appropriate designee of each unit, to consult and review any issues associated with respiratory equipment or settings for Mildred Mitchell-Bateman Hospital (MMBH) patients, whether rental or hospital property.

Vendor (Agency/Respiratory Therapist) must agree to be responsible for providing on-call respiratory assistance for after hours, weekends, and holidays should any emergency arise due to malfunction of any respiratory equipment and/or new patients being admitted requiring respiratory care.

Vendor (Agency/Respiratory Therapist) must agree to make any specific recommendations for the use and maintenance of equipment whether it is MMBH equipment or Vendor (Agency/Respiratory Therapist) equipment and providing Nursing/Clinical Staff with education in conjunction with the Staff Development Department Nurse Educators.

This education must include but not limited to:

- Orientation to the specific equipment being utilized
- Proper use and set up of equipment
- Adjustments made to any equipment being utilized
- Cleaning guidelines
- Discarding and storage of nebulizers
- CPAP (Continuous Positive Airway Pressure) apparatus
- Tracheotomy specific care guidelines
- Oxygen concentrators
- Regular filter changes in all respiratory equipment

Vendor (Agency/Respiratory Therapist) must agree to be responsible for ensuring that CPAP (Continuous Positive Airway Pressure) settings concur with the written physician's order and that the headgear adjustment and fitting is correct for each patient. MMBH (Mildred Mitchell-Bateman Hospital) and the Respiratory Therapist shall review and revise any educational/training suggestions as they occur.

EQUIPMENT & SUPPLIES:

MMBH (Mildred Mitchell-Bateman Hospital) shall be responsible for the care and maintenance of hospital owned equipment.

MMBH (Mildred Mitchell-Bateman Hospital) must retain the option to utilize our equipment & supplies whenever possible including:

- CPAP (Continuous Positive Airway Pressure) Machines
- Nebulizers
- Pulse Oximeters
- Oxygen Concentrators
- Nebulizer & Oxygen Tubing
- CPAP (Continuous Positive Airway Pressure) Mask
- CPAP (Continuous Positive Airway Pressure) Tubing
- Trachea Care Kits
- Trachea humidifier supplies
- Trachea tubes
- Trachea Cannulas

**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Buyer: RW22	Page:	Requisition or P.O. No.: MMB12082
Spending Unit: WVDHHR/BHHF/MMBH		

Vendor: _____

RENTAL EQUIPMENT MAINTENANCE:

Vendor (Agency/Respiratory Therapist) must agree to be responsible for maintaining the proper function of rental equipment and they must complete quarterly checks consisting of analyzing the units and changing of internal filters. In the event of equipment failure the Vendor (Agency/Respiratory Therapist) must provide a replacement or exchange equipment as deemed necessary within 2 hours of notification.

BILLING PATIENT FOR RENTAL EQUIPMENT:

Vendor (Agency/Respiratory Therapist) must agree to be responsible for billing the patient's insurance carrier for any and all rental equipment and/or supplies. Patients HIPPA rights does not permit third party billing.

Mildred Mitchell-Bateman Hospital agrees to be responsible for the cost of all rental equipment and/or supplies when the patient has no medical insurance to bill.

BILLING FOR ANY/ALL RENTAL EQUIPMENT/SUPPLIES:

All invoices must be paid in arrears.

RENTAL EQUIPMENT:

Vendor (Agency/Respiratory Therapist) must provide pricing for the following items, this must reflect monthly rates:

Rental Equipment:

- Oxygen Concentrators
- Auto CPAP (Continuous Positive Airway Pressure) with heated humidification
- Bi-PAP (Bilevel Positive Airway Pressure) with heated humidification
- CPAP (Continuous Positive Airway Pressure) with heated humidification
- Trachea humidification equipment

SUPPLIES:

Vendor (Agency/Respiratory Therapist) must provide pricing for the following supplies, these are actual purchase prices per unit:

Supplies:

- CPAP (Continuous Positive Airway Pressure) Nasal Mask with Head Gear
- CPAP (Continuous Positive Airway Pressure) Full Face with Head Gear
- CPAP (Continuous Positive Airway Pressure) Tubing
- Trach Masks
- Jet Nebulizers
- Corrugated Tubing
- Water Traps
- Trach Ties
- (T) Adapters
- Disposable Trachea Cannulas (DIC)
- Disposable Trachea Cannulas (DCFS)
- Disposable Trachea Cannulas (CFS)

SERVICES:

Vendor (Agency/Respiratory Therapist) must submit pricing for the following visits and/or times or service:

- Hourly charges for services provided Monday - Friday 9am to 5pm, all inclusive of travel time
- Hourly charges for services provided weekends and/or holidays, all inclusive of travel time
- Hourly charges for services provided after hours and/or emergency calls, all inclusive of travel time
- Daily charges for specific services provided (8hr minimum), all inclusive of travel time

**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Vendor: _____

Buyer: RW22	Page:	Requisition or P.O. No.: MMB12082
Spending Unit: WVDHHR/BHHR/MMBH		

INSURANCE REQUIREMENTS:

The Vendor (Agency/Respiratory Therapist), 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 naming the State of WV/DHHR as the certificate holder.

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

LICENSE REQUIREMENTS:

- Successful Vendor (Agency/Respiratory Therapist) must present evidence of certification or licensure with the West Virginia Workers Compensation and Unemployment Funds, a copy of its West Virginia Business Certificate and any other licenses it may be required to hold by the nature of its operation.

CONFIDENTIALITY:

- Vendor (Agency/Respiratory Therapist) shall have minimal access to private and confidential data maintained by the hospital, to the extent required for Vendor (Agency/Respiratory Therapist) to carry out the duties and responsibilities defined in this contract.

- Vendor (Agency/Respiratory Therapist) agrees to maintain patient confidentiality and to comply with the Health Insurance Portability and Accountability Act (HIPAA) Policies currently utilized by the hospital and shall indemnify and hold harmless the State of WV against any and all claims brought by any party attributed to actions of breach of confidentiality by the Vendor (Agency/Respiratory Therapist).

AWARD:

Contract will be awarded to the successful bidder based on lowest bid grand total meeting specifications.

RENEWAL:

This contract may be renewed upon the mutual written consent of both parties. Such renewal should be accordance with the terms and conditions of the original contract and shall be limited to two (2) one (1) year periods.

Terms, conditions and pricing set herein are firm for the life of the contract.

**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Page ____ of ____ Pages		Requisition / P.O. No.: MMB12082
File: RW22	Acct. No.: 5156-2012-2927-335-030 PROJ 3119	
Spending Unit: WVDHHR/BHHF/MMBH		

Vendor: _____ P.O. Date: _____

Item No.	Quantity	Description	Unit Price	Amount
<p>COST SHEET - PART 1 Quantities are estimates and are only for bidding purpose.</p> <p>MONTHLY RENTAL EQUIPMENT:</p>				
#1	10 EA	OXYGEN CONCENTRATORS		
#2	10 EA	AUTO CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)		
#3	10 EA	BI-PAP WITH HEATED HUMIDIFICATION (BILEVEL POSITIVE AIRWAY PRESSURE)		
#4	10 EA	CPAP WITH HEATED HUMIDIFICATION (CONTINUOUS POSITIVE AIRWAY PRESSURE)		
#5	2 EA	TRACHEA HUMIDIFICATION EQUIPMENT		
<p>SUPPLIES:</p>				
#6	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) NASAL MASK WITH HEAD GEAR		
#7	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) FULL FACE WITH HEAD GEAR		
#8	200 EA	CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) TUBING		
#9	5 EA	TRACH MASKS		
#10	5 EA	JET NEBULIZERS		
#11	5 EA	CORRUGATED TUBING		
#12	5 EA	WATER TRAPS		
#13	5 EA	TRACH TIES		
#14	5 EA	T- ADAPTERS		
#15	40 BX	DISPOSABLE TRACHEA CANNULAS (DIC) - ASSORTED SIZES (10 PER BOX)		
#16	40 BX	DISPOSABLE TRACHEA CANNULAS (DCFS) - ASSORTED SIZES (10 PER BOX)		
#17	10 BX	TRACHEA CANNULAS (CFS) - ASSORTED SIZES (10 PER BOX)		

**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Page ____ of ____ Pages		Requisition / P.O. No.: MMB12082
File: RW22	Acct. No.: 5156-2012-2927-335-030 PROJ 3119	
Spending Unit: WVDHHR/BHHF/MMBH		

Vendor: _____ P.O. Date: 08/11/2011

Item No.	Quantity	Description	Unit Price	Amount
		COST SHEET - PART 2		
		SERVICES:		
#18	104 HR	HOURLY CHARGES FOR SERVICES ALL INCLUSIVE OF TRAVEL - MONDAY THRU FRIDAY 9 A.M. - 5 P.M.		
#19	104 HR	HOURLY CHARGES FOR SERVICES ALL INCLUSIVE OF TRAVEL - WEEKENDS AND/OR HOLIDAYS 9 A.M. - 5 P.M.		
#20	104 HR	HOURLY CHARGES FOR SERVICES ALL INCLUSIVE OF TRAVEL - AFTERHOURS AND EMERGENCIES (AFTER 5 P.M.)		
#21	156 DAYS	DAILY CHARGES FOR SERVICES PROVIDED FOR 8 HOURS ALL INCLUSIVE OF TRAVEL - MONDAY THRU FRIDAY 9.AM. - 5 P.M.		
		GRAND TOTAL		
		BIDS SUBMITTED BY: _____		
		SIGNATURE: _____		
		COMPANY: _____		
		DATE: _____		

RFQ No. mmB12082

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.