



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

Solicitation

| |
|-----------------|
| NUMBER |
| COR61564 |

| |
|----------|
| PAGE |
| 1 |

| |
|---|
| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| TARA LYLE 304-558-2544 |

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

**DIVISION OF CORRECTIONS
 1409 GREENBRIER ST
 CHARLESTON, WV
 25311 304-558-8045**

| |
|-------------------|
| DATE PRINTED |
| 03/07/2013 |

BID OPENING DATE: **03/28/2013** BID OPENING TIME **01:30PM**

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|----------|-----------------------|------------|--------|
| | | | | ADDENDUM NO. 9 | | |
| | | | | SEE ATTACHED PAGES. | | |
| | | | | END OF ADDENDUM NO. 9 | | |
| 0001 | 1 | LS | | 952-84 | | |
| | | | | INMATE FOOD SERVICE | | |
| ***** THIS IS THE END OF RFQ COR61564 ***** TOTAL: | | | | | | |

| | | | |
|-----------|------|-----------------------------------|------|
| SIGNATURE | | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE | |

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: COR61564
Addendum Number: 9

The purpose of this addendum is to modify the solicitation identified as COR61564 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation: To extend the bid opening date, provide revised pricing pages and the HIPAA Business Associate Addendum.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

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1. To move the bid opening from 03/14/2013 to 03/28/2013.
2. To provide revised pricing pages to correct a typographical error on the “Number of Daily Meals” column from 10,990 – 11,589 to 10,900 – 11,589. A revised electronic version is available on the WV Purchasing Bulletin.
3. To include the HIPAA Business Associate Addendum.

HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at <http://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 Covered entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the Vendor. Additionally, the HIPAA Privacy, Security, Enforcement & Breach Notification Final Omnibus Rule was published on January 25, 2013. It may be viewed online at <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>. Any organization, that qualifies as the Agency’s Business Associate, is expected to be in compliance with this Final Rule. For those Business Associates entering into contracts with a HIPAA Covered State Agency between January 25, 2013 and the release of the 2013 WV State Agency Business Associate Agreement, or September 23, 2013 (whichever is earlier), be advised that you will be required to comply with the 2013 WV State Agency Business Associate Agreement. For those Business Associates with contracts with a HIPAA Covered State Agency executed prior to January 25, 2013, be advised that upon renewal or modification, you will be required to comply with the 2013 WV State Agency Business Associate Agreement no later than September 22, 2014.

No additional questions will be accepted on this RFQ.

Pricing Page - COR61564 - Revised 3/08/2013 - TABLE 1

The pricing below shall be for all facilities:

| Range of Number of Daily Meals | Price per Meal |
|---|----------------|
| | |
| 9,100 - 9,699 ea | |
| | |
| 9,700 - 10,299 ea | |
| | |
| 10,300 - 10,899 ea | |
| | |
| 10,900 - 11,589 ea | |
| | |
| Over 11,590 ea | |
| | |
| Sack/Bagged Meals - Estimated 700 Daily (includes Meals/Medical Snacks) | |

Vendor Name and Contact Person: _____

Address: _____

Phone and Fax No. _____

FEIN: _____

Authorized Signature: _____

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Pricing Page - COR61564 - Revised 3/08/2013 - TABLE 2

The pricing below shall be for all facilities:

| Column A Number of Daily Meals | Column B Estimated Quantity per day | Column C Estimated Number of Days for the Year | Column D Estimated Total Meals per year (Column B x Column C) | Column E Price Per Meal | Extended Price (Column D x Column E) |
|--|--|--|--|----------------------------|---|
| 9,100 - 9,699 ea | 9,100 | 4 | 36,400 | 0.00 | \$0.00 |
| 9,700 - 10,299 ea | 9,700 | 20 | 194,000 | 0.00 | \$0.00 |
| 10,300 - 10,899 ea | 10,300 | 125 | 1,287,500 | 0.00 | \$0.00 |
| 10,900 - 11,589 ea | 10,900 | 125 | 1,362,500 | 0.00 | \$0.00 |
| Over 11,590 ea | 11,590 | 91 | 1,054,690 | 0.00 | \$0.00 |
| Sack/Bagged Meals - Estimated 700 Daily (includes Meals/Medical Snacks) | 700 | 365 | 255,500 | 0.00 | \$0.00 |

Total Cost:

| |
|---------------|
| \$0.00 |
|---------------|

**** Estimated Quantities - more or less may be utilized by the agency. The estimated quantities listed above are for evaluation purposes only. No additional pricing on Medical or Religious Diets served. The Medical/Religious Diet meals shall be included in Daily Meals pricings above.**

Vendor Name: _____

Authorized Signature: _____

Revised 3/8/13

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ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61564

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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 information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012