



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

# Solicitation

NUMBER
MCH13087

PAGE
1

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

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OCMFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED
01/15/2013

BID OPENING DATE: 01/24/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 02						
1. THIS ADDENDUM IS BEING SUBMITTED TO CORRECT ITEM #4 ON THE COST SHEET (EXHIBIT A). THE CORRECTED COST SHEET IS ATTACHED.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILUR TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 02						

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: MCH13087

Addendum Number: 02

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The purpose of this addendum is to modify the solicitation identified as (“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:**

1. To correct Item #4 on the Cost Sheet ( Exhibit A)
2. To provide Addendum Acknowledgement.

**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

**EXHIBIT A**

COST SHEET FOR MCH13087				
ITEM #	APPROXIMATE ANNUAL USAGE	DESCRIPTION	UNIT PRICE	TOTAL COST
1	5000 VIALS	AZITHROMYCIN (OR EQUAL) 1G 1 TAB/VIAL, 25 VIALS PER PACKAGE		
2	3500 VIALS	FLAGYL (OR EQUAL) 500 MG 14 TABS/VIAL, 50 VIALS PER PACKAGE		
3	25 VIALS	CIPROFLOXACIN (OR EQUAL) 500 MG 1 TAB/VIAL, 25 VIALS PER PACKAGE		
4	1000 VIALS	FLUCONAZOLE (OR EQUAL) 150 MG 1 PILL BLISTER PACK, 12 INDIVIDUAL POUCHES PER BOX		
		TOTAL COST		

THIS WILL BE AN OPEN END CONTRACT. QUANTITIES LISTED ARE ESTIMATES ONLY. ACTUAL NEEDS OF THE AGENCY WILL BE SUPPLIED, WHETHER THEY BE GREATER THAN OR LESS THAN ESTIMATES.

CONTRACT SHALL EXTEND FOR A PERIOD OF ONE (1) YEAR FROM DATE OF AWARD, WITH THE OPTION OF TWO (2), ONE (1) YEAR RENEWAL PERIODS.

PRODUCT MUST BE SHIPPED F.O.B. DESTINATION, ACCORDING TO MANUFACTURER'S SPECIFICATIONS FOR STORAGE. PRODUCT MUST BE DELIVERED WITHIN SEVEN (7) WORKING DAYS AFTER ORDERS ARE RECEIVED. EMERGENCY ORDERS MUST BE DELIVERED WITHIN THREE (3) WORKING DAYS AFTER ORDERS ARE RECEIVED.

ORDERS WILL BE PLACED BY FAXING A WV-39 RELEASE ORDER TO THE VENDOR. AFTER RECEIPT OF PRODUCT, VENDOR WILL SUBMIT INVOICE FOR PAYMENT. PAYMENT WILL BE MADE IN ARREARS.

EVALUATION OF BIDS WILL BE BASED ON TOTAL COST AND AWARD WILL BE MADE TO THE LOWEST OVERALL BID WHICH MEETS SPECIFICATIONS.

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

REMIT TO ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: MCH13087**

**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 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 acknowledgement should be submitted with the bid to expedite document processing.  
 Revised 6/8/2012