



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

# Solicitation

NUMBER
CME14048

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  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865

DATE PRINTED
07/29/2013

BID OPENING DATE: 08/13/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1) QUESTIONS AND ANSWERS ATTACHED.						
2) ADDENDUM ACKNOWLEDGEMENT IS ATTACHED.						
END OF ADDENDUM NO. 1						
0001	2,000	EA		475-00-99-001		
	BODY BAGS, PRENATAL 12 X 18 INCHES					
0002	2,000	EA		475-00-99-001		
	BODY BAGS, INFANT 22 X 30 INCHES					
0003	2,000	EA		475-00-99-001		
	BODY BAGS, CHILD 36 X 60 INCHES					

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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



State of West Virginia  
 Department of Administration  
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 2019 Washington Street East  
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 Charleston, WV 25305-0130

**Solicitation**

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BID OPENING DATE: 08/13/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0004	2,000	EA		475-00-99-001 BODY BAGS, ADULT LARGE 36 X 94 INCHES		
0005	2,000	EA		475-00-99-001 BODY BAGS, ADULT X-LARGE 48 X 100 INCHES		
0006	1,500	EA		475-00-99-001 BODY BAGS, ADULT LARGE - HEAVY DUTY 36W X 94L X 72		
<p>OPEN END CONTRACT TO PROVIDED BODY BAGS AS SPECIFIED ON THE ATTACHED.</p> <p>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.</p> <p>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.</p>						

SIGNATURE		TELEPHONE		DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE		

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DATE PRINTED
07/29/2013

BID OPENING DATE: 08/13/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ CME14048 ***** 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: CME14048**  
**Addendum Number: 1**

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The purpose of this addendum is to modify the solicitation identified as BHS14022 (“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:** See attached

**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

**SEE ATTACHED DOCUMENTATION:**

**ADDENDUM #1 – CME14048**

Addendum #1 to CME14048 is to respond to the following Vendor questions and to revise the Pricing Page.

**Vendor Question #1:**

Can I please get the bid tabulation from previous body bag bids? Or, can you tell me what you are currently paying for body bags with item numbers and or manufacturers name?

**Agency Response to Vendor Question #1:**

A copy of the low-bid Vendor's bid that met the requirements of the Request for Quotation solicitation of the previous body bag contract (CME10094) is attached and includes item numbers and prices.

**Vendor Question #2:**

Number of copies to be sent was not specified in the bid, so I am assuming it is one original and no copies.

**Agency Response to Vendor Question #2:**

A minimum of one (1) bid submission is required.

**Vendor Question #3:**

Which pages should be submitted? I have read the bid but don't seem to find specifically which pages. I am considering page 1 and 2 and pages 26 – 31. Or, do I send the complete bid including all pages of instruction back to WV Purchasing?

**Agency Response to Vendor Question #3:**

Vendors are required to follow the written instructions and requirements advertised for this Solicitation for submitting bids.

**Vendor Question #4:**

Should this contract renew for a second or third 12 month period, is the vendor allowed to increase pricing with advance notice, due to increased costs?

**Agency Response to Vendor Question #4:**

No. Should the contract renew for a second or third 12-month period, vendor will not be allowed to increase pricing during the entire term of the contract.

**Vendor Question #5:**

Please forward me previous bid tabulation.

**Agency Response to Vendor Question #5:**

**ADDENDUM #1 – CME14048**

A copy of the low-bid Vendor's bid that met the requirements of the Request for Quotation solicitation of the previous body bag contract (CME10094) is attached.

**Vendor Question #6:**

Which vendor was awarded?

**Agency Response to Vendor Question #6:**

The previous body bag contract (CME10094) was awarded to Medical Products LTD, Inc.

**Vendor Question #7:**

What was their price?

**Agency Response to Vendor Question #7:**

A copy of the low-bid Vendor's bid that met the requirements of the Request for Quotation solicitation of the previous body bag contract (CME10094) is attached and includes prices.

**Vendor Question #8:**

What were the quantities taken of each item?

**Agency Response to Vendor Question #8:**

Quantities ordered under the previous body bag contract (CME10094) were:

Prenatal – 50

Infant – 200

Child – 130

Adult Large – 7,660

Adult XLarge – 550

Adult Large/Heavy Duty - 220

**Vendor Question #9:**

What is the minimum amount ordered per time? If you don't have a minimum amount ordered per time, can I put one?

**Agency Response to Vendor Question #9:**

There are no minimum order amount requirements in the contract. No, you cannot change the terms of the contract and add a minimum order amount. Agency orders the quantities they determine are needed at the time they place the release orders throughout the term of the contract.

**Vendor Question #10:**

Can I quote a few items only?

**ADDENDUM #1 – CME14048****Agency Response to Vendor Question #10:**

No. Vendors cannot quote a few items only. Contract will be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total bid price.

**Vendor Question #11:**

What is the delivery location?

**Agency Response to Vendor Question #11:**

Agency's delivery location for Contract Items ordered under this Solicitation is West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Chief Medical Examiner, 619 Virginia Street, West, Charleston, West Virginia 25302.

**Vendor Question #12:**

For how long does the price need to stay the same?

**Agency Response to Vendor Question #12:**

Contract Item prices will remain the same for the entire term of the contract.

**Vendor Question #13:**

Is the quantity guaranteed?

**Agency Response to Vendor Question #13:**

There are no quantities guaranteed under this Solicitation. Section 5 on Page 8 of this Solicitation (CME14048) references the category of this Solicitation as an Open End Contract and specifies that "Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. 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."

**Vendor Question #14:**

Is a sample needed with the bid?

**Agency Response to Vendor Question #14:**

A sample is not required for submitting a bid under this Solicitation.

**Vendor Question #15:**

What material does the bag need to be made of?

**ADDENDUM #1 – CME14048****Agency Response to Vendor Question #15:**

Material for all of the bags must meet the requirements described in Sections 3.1.1 through 3.1.6 of this Solicitation.

PRICING PAGE - CME14048

Item #	Annual Estimated Quantity	Body Bag Sizes	Unit Price	Extended Price
#1	20	Prenatal		
#2	75	Infant		
#3	50	Child		
#4	2,550	Adult Large		
#5	180	Adult X Large		
#6	75	Adult Large Heavy Duty		
<b>Overall Total</b>				

**\*\*THIS IS AN OPEN-ENDED PURCHASE PER THE REQUIRED SPECIFICATIONS HEREIN.**

**\*\*CONTRACT WILL BE AWARDED TO THE VENDOR THAT PROVIDES THE CONTRACT ITEMS MEETING THE REQUIRED SPECIFICATIONS FOR THE LOWEST OVERALL TOTAL BID PRICE.**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Vendor Telephone Number: \_\_\_\_\_

Vendor Fax Number: \_\_\_\_\_

Vendor Email: \_\_\_\_\_

Vendor Authorized Representative: \_\_\_\_\_

(Please Print)

Vendor Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25306-0130

**Request for  
 Quotation**

RFQ NUMBER  
**CME10094**

PAGE  
**1**

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

\*724145814 678-413-9200  
**MEDICAL PRODUCTS LTD INC  
 PO BOX 80685  
 CONYERS GA 30013**

**HEALTH AND HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865**

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
03/23/2010				
BID OPENING DATE: 04/22/2010				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2,000	EA		475-00-99-001 BODY BAGS, PERNATAL 12 X 18 INCHES BBIM-50-CF	\$4.55	\$9,100.00
0002	2,000	EA		475-00-99-001 BODY BAGS, INFANT 22 X 30 INCHES BBIS-50CF	\$5.27	\$10,540.00
0003	2,000	EA		475-00-99-001 BODY BAGS, CHILD 36 X 60 INCHES BBCS-50CF-ENV	\$7.30	\$14,600.00
0004	2,000	EA		475-00-99-001 BODY BAGS, ADULT LARGE 36 X 96 INCHES BBENV-50CF	\$8.55	\$17,100.00
0005	2,000	EA		475-00-99-001 BODY BAGS, ADULT X-LARGE 48 X 100 INCHES 54 X 108 BBENV-50CF-XL	\$14.84	\$29,680.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Mike Wambarger*

TITLE: Office Manager

FEN: 58-2545771

TELEPHONE: 800-345-2922

DATE: 4/1/10

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

ADDRESS CHANGES 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.htm](http://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).



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 60130  
 Charleston, WV 25305-0130

**Request for  
 Quotation**

BID NUMBER  
**CME10094**

PAGE  
**2**

ADDRESS CORRESPONDENCE TO (MENTION OFFICE)  
**ROBERTA WAGNER  
 304-558-0067**

\*724145814 678-413-9200  
**MEDICAL PRODUCTS LTD INC  
 PO BOX 80685  
 CONYERS GA 30013**

**HEALTH AND HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865**

DATE PRINTED <b>03/23/2010</b>	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
BID OPENING DATE <b>04/22/2010</b>				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0006	1,500	EA		475-00-99-001	\$29.80	\$44,700.00
<p><b>BODY BAGS, ADULT LARGE - HEAVY DUTY</b></p> <p>OPEN END CONTRACT TO PROVIDED BODY BAGS AS SPECIFIED ON THE ATTACHED.</p> <p>EXHIBIT 3</p> <p>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.</p> <p>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.</p> <p>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 (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN</p>						

**RECEIVED**

2010 APR 16 A 9 41

STATE DIVISION  
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mich Wambert TELEPHONE **800-345-2922** DATE **4/1/10**

TITLE **Office Manager** FAX **68-2545771**

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR" ADDRESS CHANGES TO BE NOTED ABOVE



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**Request for Quotation**

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BID OPENING DATE: <b>04/22/2010</b>				

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
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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.

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.)

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.

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.

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.

THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED

SIGNATURE *Nick Wambarger* SEE REVERSE SIDE FOR TERMS AND CONDITIONS  
 TITLE **Office Manager** FEIN **58-2545771** TELEPHONE **800-345-2922** DATE **4/1/10**  
 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE IDENTIFY VENDOR



State of West Virginia  
 Department of Administration  
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**Request for  
 Quotation**

RFQ NUMBER  
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ADDRESS FOR CORRESPONDENCE OR ALTERNATIVE  
**ROBERTA WAGNER  
 304-558-0067**

\*724145814 678-413-9200  
**MEDICAL PRODUCTS LTD INC  
 PO BOX 80685  
 CONYERS GA 30013**

**HEALTH AND HUMAN RESOURCES  
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DATE PRINTED <b>03/23/2010</b>	TERMS OF SALE	SHIP V/B	FOE	FREIGHT TERMS
BID OPENING DATE <b>04/22/2010</b>				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
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DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.

REV. 05/26/2009

**INQUIRIES:**  
 WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 4/6/2010. 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:

**ROBERTA WAGNER  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON STREET, EAST  
 CHARLESTON, WV 25311**

**FAX: 304-558-4115**

**E-MAIL: ROBERTA.A.WAGNER@WV.GOV**

**EXHIBIT 4**

**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 EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE**

SIGNATURE *Mike Washington* TELEPHONE **800-345-2922** DATE **4/1/10**

TITLE **Office Manager** FEN **58-2545771**

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE / ARFI FN VENDOR ADDRESS CHANGES TO BE NOTED ABOVE





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
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**Request for  
 Quotation**

RFQ NUMBER  
**CME10094**

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**5**

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

\*724145814 678-413-9200  
**MEDICALPRODUCTS LTD INC  
 PO BOX 80685  
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 CHARLESTON, WV  
 25302 304-558-4865**

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOI	PRINT TERMS
03/23/2010				

BID OPENING DATE: **04/22/2010** BID OPENING TIME: **01-30PM**

LINE	QUANTITY	UOP	UNIT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">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> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: -----RW/FILE 22-----</p> <p>RFQ. NO.: -----CME10094-----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Mick Wamboldt* TELEPHONE: **800-345-2922** DATE: **4/1/10**

TITLE: **Office Manager** FEN: **58-2545771** ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ. INSERT NAME AND ADDRESS IN SPACE ABOVE (ARE FOR VENDOR)



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 60130  
 Charleston, WV 25305-0130

**Request for  
 Quotation**

REQ NUMBER  
**CME10094**

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**6**

ADDRESSES CORRESPONDENCE TO ATTENTION OF  
**ROBERTA WAGNER  
 304-558-0067**

\*724145814 678-413-9200  
**MEDICAL PRODUCTS LTD INC  
 PO BOX 80685  
 CONYERS GA 30013**

**HEALTH AND HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865**

DATE PRINTED <b>03/23/2010</b>	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
BID OPENING DATE: <b>04/22/2010</b>				

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
------	----------	-----	---------	-------------	------------	--------

BID OPENING DATE: **04/22/2010**

BID OPENING TIME: **01:30PM**

PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:  
**770-860-8845**

CONTACT PERSON (PLEASE PRINT CLEARLY):  
**Mick Warbington**

\*\*\*\*\* THIS IS THE END OF RFQ CME10094 \*\*\*\*\* TOTAL: **\$133,200.00**

SIGNATURE *Mick Warbington* SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TITLE **Office Manager** PERM **58-2545771** TELEPHONE **800-345-2922** DATE **4/1/10**

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR' ADDRESS CHANGES TO BE NOTED ABOVE

CME10094 9

## RFQ COST SHEET

Bidders shall provide a cost for the following:

Line Item #	Minimum Size of Bag	# of Bags Per Year	Cost Per Bag	Estimated Cost Per Year
1	Prenatal 12 x 18 inches	2000	\$ 4.55	\$ 9,100.00
2	Infant 22 x 30 inches	2000	5.27	10,540.00
3	Child 36 x 60 inches	2000	7.30	14,600.00
4	Adult Large 36 x 96 inches	2000	8.55	17,100
5	Adult X-Large 48 x 100 inches	2000	29.80	59,600.00
6	Adult Large - Heavy Duty	1500	14.84	22,260.00
Grand Total				

\$133,200.00

The award will be made to the vendor with the lowest overall total cost per bag which meets all requested specifications and requirements.

*Mick Warbington*

Vendor Signature

4/12/2010

Date



CME10094

**Suggested Vendors:**

Centennial Products, Inc  
6900 Phillips Highway, Suite 41  
Jacksonville, FL 32241-3905  
(800) 604-1004  
(904) 332-0406 Fax



Medical Products LTD., Inc.  
PO Box 80685  
Conyers, GA 30013  
(800) 345-2922  
(800) 372-5649 Fax

Alpha Medical Distributor, Inc.  
60-B Commerce PL  
Hicksville, NY 11801  
(516) 681-5290  
(516) 681-5291 Fax

Fisher Scientific  
Attn: Amanda Silvey  
2000 Park Lane  
Pittsburgh, PA 15275  
(412) 490-1282  
(412) 490-1205 Fax

RFQ No CME 10094

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 exceeds 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: Medicalproducts LTD, Inc.

Authorized Signature: Mick Washington Date: 04/12/2010

State of Georgia

County of Newton, to-wit:

Taken, subscribed, and sworn to before me this 13th day of April, 2010.

My Commission expires Notary Public, Newton County, Georgia  
My Commission Expires June 29, 2013, 20    

**AFFIX SEAL HERE**

NOTARY PUBLIC Rebecca Rose

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.

- 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: Medicalproducts LTD, Inc

Signed: Mick Wamboldt

Date: 04/12/2010

Title: Office Manager

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



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  
**CME10094**

PAGE  
**1**

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

RECEIVED APR 12 2010

\*724145814 678-413-9200  
**MEDICAL PRODUCTS LTD INC**  
**PO BOX 80685**  
**CONYERS GA 30013**

SHIP TO  
**HEALTH AND HUMAN RESOURCES**  
**BUREAU FOR PUBLIC HEALTH**  
**OFFICE CHIEF MEDICAL EXAMINER**  
**619 VIRGINIA STREET, WEST**  
**CHARLESTON, WV**  
**25302 304-558-4865**

DATE PRINTED <b>04/07/2010</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: <b>04/22/2010</b>	BID OPENING TIME <b>01:30PM</b>			

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<b>ADDENDUM NO. 1</b> 1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. EXHIBIT 10 REQUISITION NO.: CME10094 ADDENDUM ACKNOWLEDGEMENT I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. ADDENDUM NO.'S: NO. 1 <input checked="" type="checkbox"/> ..... NO. 2 ..... NO. 3 ..... NO. 4 ..... NO. 5 ..... I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Mark Worthington* TELEPHONE: **800-345-2922** DATE: **4-13-10**

TITLE: *Office Mgr* FEIN: **58-2545771**

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED '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**

RFQ NUMBER
CME10094

PAGE
2

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

\*724145814 678-413-9200  
 MEDICAL PRODUCTS LTD INC  
 PO BOX 80685  
 CONYERS GA 30013

SHIP TO  
 HEALTH AND HUMAN RESOURCES  
 BUREAU FOR PUBLIC HEALTH  
 OFFICE CHIEF MEDICAL EXAMINER  
 619 VIRGINIA STREET, WEST  
 CHARLESTON, WV  
 25302 304-558-4865

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/07/2010				
BID OPENING DATE: 04/22/2010				
BID OPENING TIME 01:30PM				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY 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.</p> <p><i>Micki Werling</i> SIGNATURE</p> <p><i>Medical products LTD, Inc</i> COMPANY</p> <p><i>4-13-10</i> DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Micki Werling</i>	TELEPHONE 800-345-2922	DATE 4-13-10	
TITLE <i>Office Manager</i>	FAX 58-2545771	ADDRESS CHANGES TO BE NOTED ABOVE	

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

WV-36 (Rev 01/01/07)

STATE OF WEST VIRGINIA  
**PURCHASE CONTINUATION SHEET**

Page 2 of 2 Pages

Requisition / P O No.:  
 CME10094

File:

Accl. No.:  
 0407-2010-2937-045

Vendor: Medical products LTD P O Date: \_\_\_\_\_

Spending Unit:  
 DHR/OCME

Item No.	Quantity	Description	Unit Price	Amount
		<p><b>VENDOR QUESTION #1:</b></p> <p>We wanted to know if you would want all of these bags up for bid in one shipment or in multiple shipments? If multiple shipments is your answer, do you have an estimate on the quantity of bags per shipment?</p> <p><b>RESPONSE:</b></p> <p>The bags will be ordered on as needed basis, which will require multiple shipments. The quantity of bags per shipment will depend upon the number of bags required to replenish supplies, so the estimated amount per shipment is unknown.</p> <p><b>VENDOR QUESTION #2:</b></p> <p>When do you need the samples? Approximately how long after the opening of the bid would you request the samples? Do you need a sample of every item?</p> <p><b>RESPONSE:</b></p> <p>Samples of the products would be appreciated, but is not required. If vendor is submitting samples, they should be submitted with the bid.</p>		

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CME14048**

**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 acknowledgement should be submitted with the bid to expedite document processing.