



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

Solicitation

NUMBER
MCH14124

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

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

DATE PRINTED
02/12/2014

BID OPENING DATE: 02/18/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				ADDENDUM ISSUED TO:		
				1. PROVIDE REVISION TO ITEM SPECIFICATIONS (FOR RFQ LINE ITEM #4, SPECIFICATION SECTION 3.1.4), AND TO PROVIDE REVISED PRICING PAGE		
				2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				***** END OF ADDENDUM NO.1 *****		

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: MCH14124

Addendum Number: 1

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:

Addendum #1 issued to revise specifications per Attachment A, and to provide revised Pricing Page reflecting the specifications change.

NO OTHER CHANGES

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

ADDENDUM #1 – MCH14124

ADDENDUM #1 TO REVISE RFQ SPECIFICATIONS AND PRICING PAGE AS FOLLOWS. VENDOR WILL USE REVISED PRICING PAGE PROVIDED UNDER THIS ADDENDUM #1 TO SUBMIT BID.

Revise language for Section 3.1.4.1 on the RFQ Specifications as follows:

Change From:

3.1.4.1 Must be a DNTL Works Equipment Corporation, Portable Dental Assistant Stool, Model Number 5034, or Equal. If bidding an alternative stool, Vendor must clearly identify alternative stool, and provide manufacturer's specifications, industry literature, or any other relevant documentation that demonstrates the alternative meets the following mandatory requirements.

Change To:

3.1.4.1 Must be a DNTL Works Equipment Corporation, Portable Dental Assistant Stool, Model Number 4210, or Equal. If bidding an alternative stool, Vendor must clearly identify alternative stool, and provide manufacturer's specifications, industry literature, or any other relevant documentation that demonstrates the alternative meets the following mandatory requirements.

Revise language for Section 3.1.4.5 on the RFQ Specifications as follows:

Change From:

3.1.4.5 Must include a cushioned back rest and seat that are ergonomically shaped with adjustable, ergonomic lumbar support features.

Change To:

3.1.4.5 Must have abdominal support.

Revise "Description" language for Contract Item #3.1.4 on the RFQ Pricing Page as follows. Vendor will use revised Pricing Page provided under this Addendum #1 to submit bid.

Change From:

Portable Dental Assistant Stool, DNTL works Equipment Corporation, Portable Dental Assistant Stool, Model Number 5034, or Equal

Change To:

Portable Dental Assistant Stool, DNTL works Equipment Corporation, Portable Dental Assistant Stool, Model Number 4210, or Equal

REQUEST FOR QUOTATION
MCH14124 –PORTABLE DENTAL EQUIPMENT

REVISED PRICING PAGE

Contract Item #	Quantity	Description	Unit Price	Extended Price
3.1.1	13	Portable Dental Sealant Unit, DNTL Works Equipment Corporation, ProSeal II, Portable Dental Sealant Unit, Model Number 1310, or Equal.		
3.1.2	12	Basic Portable Patient Chair with Scissors Base, DNTL Works Equipment Corporation, Basic Portable Patient Chair, Model Number 4015, or Equal.		
3.1.3	12	Portable Collapsible Dental Operator Stool, DNTL Works Equipment Corporation, Portable Collapsible Dental Operator Stool, Model Number 4110, or Equal.		
3.1.4	12	Portable Dental Assistant Stool, DNTL Works Equipment Corporation, Portable Dental Assistant Stool, Model Number 4210, or Equal.		
3.1.5	12	Portable Halogen Light with Wheeled Floor Stand, DNTL Works Equipment Corporation, ProBrite Operatory Halogen Light with Wheeled Floor Stand, Model Number 6034, or Equal.		
TOTAL BID PRICE:				

A contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total bid price as shown on this Pricing Page.

Vendor shall deliver the Contract Items F.O.B. Destination, Inside Delivery, within thirty (30) working days after receiving a purchase order. Contract Items shall be delivered to Agency at Office of Maternal, Child and Family Health, C/O WVDHHR Materials Management Warehouse, 900 Bullitt Street, Charleston, West Virginia 25301.

VENDOR SECTION:

Vendor Name:	
Physical Address:	
Remit to Address:	
Telephone:	
Fax:	
Email:	
Vendor Representative (print name):	
Signature:	Date:

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MCH14124

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