


Request for Bids	 M MARSHALL UNIVERSITY	Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 Direct all inquiries regarding this order to: (304) 696-2823	Bid # MU17MedSply	
Vendor:		Phone:	For information call:	
FEIN/SSN:		Fax:	Purchasing Contact: Jill Burcham, <u>BURCHAM@MARSHALL.EDU</u> and <u>PURCHASING@MARSHALL.EDU</u> Phone: (304) 696-2823	
Sealed requests for bids furnishing services described below will be received by the Institution. TO RECEIVE CONSIDERATION FOR AWARD, THE BID WILL BE SUBMITTED ON THIS FORM IN ORIGINAL AND RECEIVED IN BONFIRE, ON OR BEFORE THE DATE AND TIME SHOWN FOR THE BID OPENING. The Institution reserves the right to accept or reject bids on each item separately or as a whole, to reject any or all bids, to waive informalities or irregularities and to contract as the best interests of the Institution may require. BIDS ARE SUBJECT TO THE GENERAL TERMS AND CONDITIONS AS SET FORTH HEREIN.				
DATE 6/21/16		DEPARTMENT REQUISITION NO.	BIDS OPEN: 3:00PM July 6, 2016	
			BIDDER MUST ENTER DELIVERY DATE FOR EACH ITEM BID	
Item #	Quantity	Description	Unit Price	Extended Price
		INVITATION TO BID Marshall University will accept bids for the following services until 3:00PM on July 6, 2016. At that time, Bonfire Submissions will be opened, recorded, and read aloud in Room 125, Old Main Building, Office of Purchasing. Miscellaneous Medical Supplies for Athletic Training Room for the 2016/2017 Sports Season. All bidding documents must be submitted in Bonfire (https://marshall.bonfirehub.com/opportunities/1488) in accordance with the bidding documents issued by Marshall University.		
			Total	

To the Office of Purchasing,

In compliance with the above, the undersigned offers and agrees, if this offer is accepted within ____ calendar days (30 calendar days unless a different period is inserted by the purchaser) from the bid open date, specified above, to furnish any or all items upon which prices are offered, at the price set opposite each item, delivered at the designated point(s), within the time specified.

Signed By _____ Date _____

Name _____ Title _____ Address _____

_____ City/State/Zip _____

Instructions To Bidders
(Purchases greater than \$25,000)

1. **Bidders Representations:** The bidder, by making a bid, represents that: (a) the bidder has read and understands the bidding documents, terms and conditions, and the bid is made in accordance therewith; and (b) the bid is based upon the materials, equipment, systems, printing, and/or services specified.
2. **Quality Standards:** Brand names, when identified, include the standard of quality, performance or use desired. Unless otherwise noted, bids by bidders on equivalents may be considered, provided the bidder furnishes descriptive literature and other proof required by the Buyer. Samples, when required, must be furnished free of charge, including freight. In the event the Buyer elects to contract for a brand purported to be an equivalent by the bidder, the acceptance of the item will be conditioned on the Buyer's inspection and testing after receipt. If, in the sole judgment of the Buyer, the item is determined not to be equivalent, the item will be returned at the Seller's expense and the contract terminated.
3. **Submission of Bids:** The bid, the bid security, if any, and other documents required to be submitted with the bid shall be enclosed in a sealed opaque envelope. The envelope shall be addressed to the party receiving the bids and shall be identified as a "Sealed Bid", and shall include the bid number, the bid opening time, and the bid opening date. Bids shall be delivered and deposited at the designated location prior to the time and date for receipt bids. Bids received after the time and date for the bid opening will be returned unopened. The bidder shall resume full responsibility for timely delivery at the location designated for receipt of bids. Oral, telephonic, facsimile or telegraphic bids are invalid and will not receive consideration.
4. **Modification or Withdrawal of Bids:** Prior to the time and date designated for receipt of bids, a bid submitted may be modified or withdrawn by notice to the party receiving bids at the place designated for receipt of bids. Such notice shall be in writing over the signature of the bidder and shall be received prior to the designated time and date for receipt of bids. A modification shall be worded so as not to reveal the amount of the original bid.
5. **Opening of Bids:** Bids shall be publicly opened and read aloud at the designated location for receipt of bids shortly after the time and date bids are due.
6. **Rejection of Bids:** The Buyer shall have the right to reject any and all bids, in whole or part; to reject a bid not accompanied by a required bid security or other data required by the bidding documents; or reject a bid which is in any way incomplete or irregular.
7. **Acceptance of Bid (Award):** It is the intent of the Buyer to award a contract to the lowest responsible and responsive bidder provided the bid does not exceed the funds available. The Buyer shall have the right to waive informalities or irregularities in a bid received and to accept the bid, which in the Buyer's judgment, is in the Buyer's own best interests: All bids are governed by the West Virginia Code and the Procedural Rules of the Governing Board having jurisdiction.
8. **Vendor Registration:** Prior to any award for purchases exceeding \$15,000, the apparent successful bidder must be properly registered with the WV Dept of Administration, Purchasing Division, and have paid the required vendor registration fee.
9. **Non-funding:** All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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.
10. **Payments and Interest on Late Payments:** Payment may only be made after the delivery and acceptance of goods or services. Interest may be paid for late payment in accordance with the West Virginia Code.
11. **Resident Vendor Preference:** A resident vendor preference will be granted upon written request in accordance with the West Virginia Code.
12. **Tax Exemption:** The State of West Virginia, the Governing Board and its institutions are exempt from Federal and State taxes and will not pay or reimburse such taxes.

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The unit prices must be submitted into the Bonfire Portal as per instructions			
Item#	Quantity	Description	Unit Price
1	100 cs	1.5" J&J Coach Speed Pack NO SUBSTITUTIONS	
2	150 cs	2" Cramer EcoFlex 24/cs. BLACK NO SUBSTITUTIONS	
3	200 cs	3" Cramer EcoFlex 16/ cs. BLACK NO SUBSTITUTIONS	
4	150 cs	2" Powerflex Cohesive NO SUBSTITUTIONS	
5	200 cs	3" Powerflex Cohesive NO SUBSTITUTIONS	
6	3cs	1" Elastikon 12 bx/case NO SUBSTITUTIONS	
7	6 cs	2" Elastikon 12 bx/case NO SUBSTITUTIONS	
8	6 cs	3" Elastikon 12 bx/case NO SUBSTITUTIONS	
9	50 cs	2" Cramer Pro-Lastic NO SUBSTITUTIONS	
10	50 cs	3" Cramer Pro-Lastic NO SUBSTITUTIONS	
11	50 cs	2" Thin Flex NO SUBSTITUTIONS	
12	50 cs	3" Thin Flex NO SUBSTITUTIONS	
13	3 cs	Cramer Tuf-Skin Colorless 4 oz cans NO SUBSTITUTIONS	
14	6 cs	Cramer Tuf-Skin 10 oz cans NO SUBSTITUTIONS	
15	15 rolls	2" Omnifix NO SUBSTITUTIONS	
16	40 rolls	4" Omnifix NO SUBSTITUTIONS	
17	25 cs	Cramer Heel-n-Lace Pads	
18	6 black	Theraband Kinesiology Tape Black/Beige Bulk Roll NO SUBSTITUTIONS	
19	6 beige	Theraband Kinesiology Tape Black/Beige Bulk Roll NO SUBSTITUTIONS	
20	9 cs	4" Medco Plastic Wrap with handle 6/case NO SUBSTITUTIONS	
21	1 cs	Leukotape P cs/30 rolls	
22	40 EA	Tape Cutter Shark NO SUBSTITUTIONS	
23	25 cs	Cramer Underwrap Green 48/case NO SUBSTITUTIONS	
24	9 PK	Double 4" Deluxe Elastic bandages Conco 10/pack NO SUBSTITUTIONS	
25	9 pk	Double 6" Deluxe Elastic bandages Conco NO SUBSTITUTIONS	
26	15 EA	4" Pro 315 Rodeo wrap NO SUBSTITUTIONS	
27	6 EA	PolyMem Sports Wrap 3"x36" NO SUBSTITUTIONS	
28	5 EA	1 Gallon Muller Tape and Tuffner Remover NO SUBSTITUTIONS	
29	10 BX	FreeForm SE Nitril Exam Gloves Small 100/bx NO SUBSTITUTIONS	
30	30 BX	FreeForm SE Nitril Exam Gloves Medium 100/bx NO SUBSTITUTIONS	
31	30 BX	FreeForm SE Nitril Exam Gloves Large 100/bx NO SUBSTITUTIONS	
32	10 BX	FreeForm SE Nitril Exam Gloves X-Large 100/bx NO SUBSTITUTIONS	
33	1 Bag	J&J Kling Sterile Gauze 1"x 5yds	
34	1 Bag	J&J Kling Sterile Gauze 2"x 5yds	
35	1 Bag	J&J Kling Sterile Gauze 3x 5yds	
36	3 Bag	Cotton Balls 2000/bag	
37	30 BX	Cotton Tip Applicators 6"	
38	15 BX	Tongue Depressors non-sterile box	
39	15 BX	Telfa Non-stick Gauze 3"x4" 100/box	
40	60 BX	12 PLY 4x4 Sterile Gauze 50/bx	
41	6 BX	Coverlet Wing Elastic Strips 3x3 50/box NO SUBSTITUTIONS	
42	6 BX	Coverlet Knuckles 1.5"x3" strips 50/box NO SUBSTITUTIONS	
43	6 BX	Coverlet 1"x3" flexible strips 100/box NO SUBSTITUTIONS	
44	3 BX	Coverlet Finger tip large 100/box NO SUBSTITUTIONS	
45	3 BX	Coverlet 7/8 round	
46	6 BX	Band-Aid Sheer Extra Large Bandage NO SUBSTITUTIONS	
47	6 BX	4" BSN Medical Fixomull Transparent Water Proof Dressing NO SUBSTITUTIONS	
48	9 BX	6"x6" 3M Tegaderm with Pad NO SUBSTITUTIONS	
49	30 Bottles	Alcohol 70% Isopropyl 16 oz. Bottle	
50	1 Gallons	Betadine Solution Gallon	

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51	6 Bottles	Hydrogen Peroxide 16 oz. Bottles	
52	15 BX	Sterile Cotton Tip Applicators 6" 100/pk	
53	15 BX	Sterile Solon Tongue Depressors 100/bx	
54	6 EA	Hibiclens Antiseptic 32 oz Foam NO SUBSTITUTIONS	
55	3 EA	Hibiclens Antiseptic 1 Gal NO SUBSTITUTIONS	
56	6 EA	New Skin Spray 1oz NO SUBSTITUTIONS	
57	3 EA	Medi Strips 1/8" 50X5 250/box NO SUBSTITUTIONS	
58	3 EA	Medi Strips 1/4" 50X5 250/box NO SUBSTITUTIONS	
59	6 BX	Stip-Tik Swabpoules 25/box NO SUBSTITUTIONS	
60	3 EA	Blood Buster gallon NO SUBSTITUTIONS	
61	12 EA	2 nd Skin Squares NO SUBSTITUTIONS	
62	1 BX	Nose plugs 1000/box	
63	3 Gallons	Bio-Freeze Gallon w/pump NO SUBSTITUTIONS	
64	3 Gallons	Flex-All Gallon w/pump NO SUBSTITUTIONS	
65	3 EA	Atomic Balm 5lb jar NO SUBSTITUTIONS	
66	6 EA	Cramer Red Hot 1lb jar NO SUBSTITUTIONS	
67	15 EA	Lotrimin AF Cream 12gm/Tube NO SUBSTITUTIONS	
68	12 EA	Palmers Cocoa Butter 7.25 oz NO SUBSTITUTIONS	
69	50 Jars	Tiger Balm Ultra Strength 50gm/Jar NO SUBSTITUTIONS	
70	3 EA	Cramer Skin Lube 25lb NO SUBSTITUTIONS	
71	20 Bottles	Curex Anti-Fungal Spray Powder NO SUBSTITUTIONS	
72	24 EA	Histocryl Topical Skin Adhesive NO SUBSTITUTIONS	
73	15 BX	Triple Antibiotic Ointment 144/box	
74	9 EA	Zinc Oxide 1 oz tube	
75	12 BX	Safetec Hydrocortisone cream 144/box NO SUBSTITUTIONS	
76	12 EA	Safetec Hydrocortisone Cream 1oz tube NO SUBSTITUTIONS	
77	6 BX	Medi First Anti-Fungal Cream 144/box	
78	12 EA	Dry Goods Spay powder 5.4 oz NO SUBSTITUTIONS	
79	3 EA	Deep Woods Off NO SUBSTITUTIONS	
80	2 BX	Waterboy Sanitary Tablets for Coolers 150/box	
81	45 Bottles	Polyethylene Bottles w/ flip open spout 4 oz.	
82	10 EA	Save-A-Tooth Preserving System NO SUBSTITUTIONS	
83	20 Bottles	Bausch & Lomb Sensitive Eyes Saline 12 oz. Bottle NO SUBSTITUTIONS	
84	15 Bottles	Renew Multi-Purpose Solution 4 oz. NO SUBSTITUTIONS	
85	20 BX	Salonpas Hot Capsicum Patch NO SUBSTITUTIONS	
86	30 EA	Lister Stainless Steel Scissors 7 1/4 "	
87	5 EA	Super Pro Scissors	
88	12 EA	Pedi Corn Cutter METAL	
89	10 BX	Pedi Corn Cutter Replacement Blades	
90	12 EA	Digital Thermometer w/beeper	
91	20 EA	Trim Fingernail Clippers 2 1/4"	
92	20 EA	Trim Fingernail Clippers 3 3/4"	
93	2 BX	Sterile Disposable Scalpels Steel Blade Size 11 10/box	
94	2 BX	Sterile Disposable Scalpels Steel Blade Size 10 10/box	
95	4 BX	Benzoin Tincture Ampules 100/bx	
96	4 EA	Laerdal CPR masks NO SUBSTITUTIONS	
97	4 EA	Dual Head Stethoscope Black	
98	4 Packs	Promar Disposable Penlites 6/pk w/clip switch	
99	4 BX	Green Mouth Guards w/strap 100/Box	
100	3 EA	Blood Pressure Cuff/Valve/Bulb Unit-ADULT	
101	3 EA	Blood Pressure Cuff/Valve/Bulb Unit-OBESE	
102	1 EA	Game Ready Dual Hose NO SUBSTITUTIONS	

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103	1 EA	Game Ready Single Hose NO SUBSTITUTIONS	
104	1 EA	Game Ready Ankle Replacement Sleeve Lg NO SUBSTITUTIONS	
105	1 EA	Game Ready Ankle Replacement Sleeve XL NO SUBSTITUTIONS	
106	1 EA	Game Ready Knee Replacement Sleeve NO SUBSTITUTIONS	
107	1 EA	Game Ready Left Shoulder Wrap Lg NO SUBSTITUTIONS	
108	1 EA	Game Ready Right Shoulder Wrap Lg NO SUBSTITUTIONS	
109	1 EA	Game Ready Knee Wrap NO SUBSTITUTIONS	
110	1 EA	Game Ready Ankle Wrap Lg NO SUBSTITUTIONS	
111	1 EA	Game Ready Ankle Wrap XL NO SUBSTITUTIONS	
112	2 EA	Game Ready Back Wrap NO SUBSTITUTIONS	
113	15 BX	Pro Tubular Knit Compression 3" NO SUBSTITUTIONS	
114	15 BX	Pro Tubular Knit Compression 4" NO SUBSTITUTIONS	
115	15 BX	Pro Tubular Knit Compression 5" NO SUBSTITUTIONS	
116	1 pk	Visco Gel Fully Coated Digital Tubes wide pack of 50	
117	1 BX	Playtex Tampons 1000/box	
118	6 Bottles	Stainless Steele Cleaner	
119	3 Sheets	Aquaplast Splinting Material 18x24x1/8 Solid NO SUBSTITUTIONS	
120	5 EA	Sam Splints	
121	3 EA	Crutch Accessory Kit	
122	45 EA	OSI Tear Drop 4"x5"	
123	45 EA	OSI Shin 9"x4"	
124	45 EA	OSI Square 5"x5"	
125	20 EA	Active Ankle Model 329 Ankle Support X-Large NO SUBSTITUTIONS	
126	20 EA	ASO Ankle Stabilizing Orthosis Medium NO SUBSTITUTIONS	
127	20 EA	ASO Ankle Stabilizing Orthosis Large NO SUBSTITUTIONS	
128	30 EA	ASO Ankle Stabilizing Orthosis XL NO SUBSTITUTIONS	
129	15 EA	Aircast Air Stirrup 10" Left NO SUBSTITUTIONS	
130	15 EA	Aircast Air Stirrup 10" Right NO SUBSTITUTIONS	
131	15 EA	ProCare Pro Step Walking Boot Medium NO SUBSTITUTIONS	
132	15 EA	ProCare Pro Step Walking Boot Large NO SUBSTITUTIONS	
133	6 EA	Darco FX Pro Stirrup Walker High X Large NO SUBSTITUTIONS	
134	6 EA	Ortho Gel padding kit NO SUBSTITUTIONS	
135	6 EA	Cramer Felt Variety Kit NO SUBSTITUTIONS	
136	3 EA	Econoline Memory Foam Adhesive Kit NO SUBSTITUTIONS	
137	3 EA	Open Cell Variety Adhesive Kit NO SUBSTITUTIONS	
138	3 EA	Digital Care Kit NO SUBSTITUTIONS	
139	2 EA	Cramer Padded Heel Cups 12 per box NO SUBSTITUTIONS	
140	1 EA	Adhesive Metatarsal pads ¼ inch bag of 100	
141	6 EA	Medi-First Sinus Decongestant 500 Qty NO SUBSTITUTIONS	
142	6 bottles	Glucose Tablets	
143	20 EA	Oragel NO SUBSTITUTIONS	
144	6 BX	Safetec Oral Pain Relief 144/box	
145	6 BX	Medikoff Drops 600/Refill NO SUBSTITUTIONS	
146	6 BX	Diphen Allergy 25mg 60pks of 2 - NO SUBSTITUTIONS	
147	10 BX	Medique APAP extra strength- 500 Qty NO SUBSTITUTIONS	
148	20 BX	Medi First Ibuprofen 500/bx- NO SUBSTITUTIONS	
149	3 BX	Medi-Meclizine 1000/bx NO SUBSTITUTIONS	
150	10 BX	Loradamed 50/box - NO SUBSTITUTIONS	
151	30 BX	Gelusil 100/bx- NO SUBSTITUTIONS	
152	6 BX	Diotame Chewable tabs 500/box NO SUBSTITUTES	
153	9 BX	Diamode 100/bx	
154	8 bottles	Heat Guard NO SUBSTITUTIONS	

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155	12 BX	Medique Pain Off 500 Qty	
156	6 BX	Medique Back Pain Off 500 Qty	
157	3 Bottles	Aquasonic Ultrasound Gel Blue 5 liter/btl NO SUBSTITUTIONS	
158	9 EA	Tiger Tail 18"	
159	9 EA	Tiger Tail 22"	
160	9 EA	Trigger Point Gird STKX	
161	9 EA	The Orb deep tissue massage ball	
162	9 EA	Electrode pads 2" Square 10pks of 4	
163	9 EA	Electrode pads 2"x3.5" rectangle	
164	9 EA	Ionto480 Medium NO SUBSTITUTIONS	
165	5 EA	Mettler Electronics TENS 210 NO SUBSTITUTIONS	
166	1 EA	Normatec Pulse with 2 boots NO SUBSTITUTIONS	
167	15 EA	Countup Countdown Timer	
168	25 cs	Gatorade Glacier Freeze Instant Powder 51 oz. (6 gal) NO SUBSTITUTIONS	
169	25 cs	Gatorade Rip Tide Rush Instant Powder 51 oz. (6 gal) NO SUBSTITUTIONS	
170	25 cs	Gatorade Lemon Lime Instant Powder 51 oz. (6 gal) NO SUBSTITUTIONS	
171	15 cs	Gatorade® Prime Chews Cool Blue NO SUBSTITUTIONS	
172	15 cs	Gatorade® Prime Chews Fruit Punch NO SUBSTITUTIONS	
173	15 cs	Gatorade® Prime Chews Strawberry NO SUBSTITUTIONS	
174	45 bx	Pro Gatorlytes 20/box NO SUBSTITUTIONS	



Submission Instructions for Suppliers

Please follow these instructions to submit via our Public Portal.

1. Prepare your submission materials:

Requested Information

Name	Type	# Files	Requirement	Instructions
Request for Bid	File Type: Any (.*)	Multiple	Required	
MU17MedSply Cost (BT-13HQ)	Bid Table: Excel (.xlsx)	1	Required	You will need to fill out the provided Response Template for this Bid Table. The Response Template can be downloaded from the project listing on the Bonfire portal.

Requested Documents:

Please note the type and number of files allowed. The maximum upload file size is 100 MB.

Please do not embed any documents within your uploaded files, as they will not be accessible or evaluated.

Requested Bid Tables:

The Bid Table Response Templates can be obtained at <https://marshall.bonfirehub.com/opportunities/1488>.

Please note that Bid Tables may take a significant amount of time to prepare.

2. Upload your submission at:

<https://marshall.bonfirehub.com/opportunities/1488>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Jul 06, 2016 3:00 PM EDT**. We strongly recommend that you give yourself sufficient time and **at least ONE (1) hour** before Closing Time to begin the uploading process and to finalize your submission.

Important Notes:

Each item of Requested Information will only be visible after the Closing Time.

Uploading large documents may take significant time, depending on the size of the file(s) and your Internet connection speed.

You will receive an email confirmation receipt with a unique confirmation number once you finalize your submission.



Minimum system requirements: Internet Explorer 8/9/10+, Google Chrome, or Mozilla Firefox.
Javascript must be enabled.

Need Help?

Marshall University uses a Bonfire portal for accepting and evaluating proposals digitally. Please contact Bonfire at Support@GoBonfire.com for technical questions related to your submission. You can also visit their help forum at <https://bonfirehub.zendesk.com/hc>

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code §61-5-3*) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

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 Vendor Preference, if applicable.

1. **Application is made for 2.5% 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;
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **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% 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% vendor preference for the reason checked:**
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% 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% 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% 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.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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) rescind the contract or purchase order; 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.

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.*

WV-1
REV. 09/18/15

New Update

STATE OF WEST VIRGINIA - PURCHASING DIVISION

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT
AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS
CERTIFICATION APPLICATION**

Before a vendor is eligible to sell goods and/or services to the State of West Virginia, the **West Virginia Code** §5A-3-12 requires all vendors to have on file with the West Virginia Purchasing Division a completed Vendor Registration and Disclosure Statement. All vendors wishing to participate in the competitive bid process and receive purchase orders from the State of West Virginia exceeding \$2,500 in aggregate across all state agencies are required to complete the Vendor Registration and Disclosure Statement (WV-1 form) and pay a **\$125.00** annual fee. Payment of the annual fee includes email notifications on bid opportunities based on the commodities and services selected upon registering in the Vendor Self-Service (VSS) portal at **wvOASIS.gov**. Please complete this form in its **ENTIRETY** and return it with a check or money order made payable to the **STATE OF WEST VIRGINIA** in the amount of **\$125.00**. Incomplete forms will not be processed and will be returned to the vendor. Please send completed form and payment to:

**Purchasing Division - Vendor Registration
2019 Washington Street East
Charleston, WV 25305-0130**

Whenever a change occurs in the information submitted, such change shall be reported immediately in the same manner as required in the original disclosure statement (**West Virginia Code** §5A-3-12). Vendors doing business with the State of West Virginia are expected to abide by the **Vendor Code of Conduct** available online at **www.state.wv.us/admin/purchase/vrc/vendorconduct.pdf**.

Privacy Notice: The Purchasing Division is required to collect certain information as stated in **West Virginia Code** §5A-3-12, other applicable sections of the **West Virginia Code**, the Vendor Registration and Disclosure Statement forms, and other documents to facilitate the state bidding and contract administration processes. This information is stored in a secure environment, but unless specifically protected under state law, any information provided may be inspected by or disclosed to the public.

Vendors are also required to 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, West Virginia Insurance Commission, or other state agencies or political subdivisions. Failure to do so may result in delay of or disqualification from a contract award pursuant to **West Virginia Code of State Rules** §148-1-6.1.7.

Should you need additional information relating to vendor registration, please visit **www.state.wv.us/admin/purchase/VendorReg.html**. Questions concerning this Vendor Registration and Disclosure Statement may be directed to the Purchasing Division at (304) 558-2311.

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

1. Legal Name of Company/Individual _____

Bidding Address _____

Ordering Address _____

Payment Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Principle Contact Person _____ E-mail _____

Contact's Telephone Number _____ Contact's Fax Number _____

DBA, if any _____

Bidding Address _____

Ordering Address _____

Payment Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Principle Contact Person _____ E-mail _____

Contact's Telephone Number _____ Contact's Fax Number _____

2. Vendor Tax Classification:

- Individual
- Sole Proprietor
- Partnership
- Corporation
- Board Member
- Trust
- Estate

- Government
- Medical Corporation
- Attorney Corporation
- Non-Profit Organization
- Payroll
- Employee

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

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3. Taxpayer Identification Number (TIN): If you have an Identification Number, enter it below. All partnerships, corporations, or companies with employees must have an EIN.

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EIN

If you do not have a EIN, please enter Social Security number (SSN), Individual Taxpayer Identification Number (ITIN) or Adoptive Identification Number (ATIN) and check the correct below.

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- (SSN , ITIN , ATIN)

4. (A) Small, Women-Owned, Minority-Owned Businesses

West Virginia Code §5A-3-59 establishes a procurement certification program in West Virginia for small, women-, and minority-owned businesses. Requirements related to the certification program are provided in the **West Virginia Code of State Rules** §148-2-1 et seq. Note that this certification provides nonresident vendors preference that is equivalent to competing resident (West Virginia) vendors that have applied for resident vendor preference, in accordance with **West Virginia Code** §5A-3-37. This certification may assist resident small, women-, and minority-owned businesses when soliciting business in other states. If you are renewing your two-year SWAM business certification status, please indicate the appropriate designation below.

Certification of Status (Check all those which apply)

- Minority-owned Business** [1] means a business concern that is at least fifty-one percent owned by one or more minority individuals or in the case of a corporation, partnership, or limited liability company or other entity, at least fifty-one percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.
 - A “minority individual” means an individual who is a citizen of the United States or a noncitizen who is in full compliance with United States immigration law and who satisfies one or more of the following definitions:
 - **African American** means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
 - **Asian American** means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, but not limited to, Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
 - **Hispanic American** means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
 - **Native American** means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

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- Small Business** [2] means a business, independently owned or operated by one or more persons who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, which, together with affiliates, has two hundred fifty or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

- Women-owned Business** [3] means a business concern that is at least fifty-one percent owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, or in the case of a corporation, partnership or limited liability company or other entity, at least fifty-one percent of the equity ownership interest is owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, and both the management and daily business operations are controlled by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law.

(B) Other Federal Designations

Additionally, by providing the following information, I represent that this enterprise is a small business as defined by the **Code of Federal Regulations**, Title 13, Part 121, as appended - which contains detailed industry definitions and related procedures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected in the information provided. *Check all that apply.*

- Disabled Small Business Ownership [4]
- Veteran Small Business Ownership [5]

5. Commodity Codes: You may register for commodity codes for the products and services that you offer, which will provide you with bid opportunity alerts and notifications should you become a paid registered vendor. To perform this function, visit the Vendor Self-Service (VSS) Portal at **wvOASIS.gov**.

6. List the name, title, city and state of residence for all owners/officers. If the vendor is an **individual**, list his or her name and city and state of residence, and, if he or she has associates or partners sharing in his or her business, list their names and city and state of residence. If the vendor is a **firm**, list the name and city and state of residence of each member, partner or associate of the firm. If the vendor is a **corporation** created under the laws of this state or authorized to do business in this state, list the names and city and state of residence of the president, vice president, secretary, treasurer and general manager, if any, of the corporation; and the names and city and state of residence of each stockholder of the corporation owning or holding at least ten percent of the capital stock thereof. Attach an additional sheet if space is needed.

Name	Position	City and State of Residence

If the vendor has only one owner/officer, list the name, position, and city and state of residence above and please initial here: _____

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

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7. List the name and telephone number of one or more banking institutions to serve as reference for the vendor.

8. What is the latest Dun & Bradstreet number and rating on the vendor? _____

9. Is the vendor acting as an agent for some other individual, firm or corporation? If yes, attach statement of the principal authorizing such representation. No Yes

By signing below and submitting this form, the vendor certifies and acknowledges that: 1) it has obtained all licenses, certifications, and authorizations necessary to lawfully conduct business in the state of West Virginia; and 2) that the assertions made by completing this form and delivering it to the Purchasing Division are accurate and true in accordance with the applicable law and rules. As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete, in accordance with **West Virginia Code §5A-3-12(e)**.

In the event that the vendor is applying for certification as a small, women-, or minority-owned business, the vendor's signature below further certifies that: 1) the state in which the vendor has its headquarters or principal place of business does not deny a like certification to a West Virginia based small, women-owned, or minority-owned business; 2) the state in which the vendor has its headquarters or principal place of business does not provide a preference to small, women-owned, or minority-owned firms that is unavailable to West Virginia based businesses; and, 3) that it has read and understands this form, along with the law and rules governing certification as a small, women-owned, or minority-owned business.

Authorized Agent of Vendor (Print Name)

Authorized Agent (Signature)

Title

Date

PURCHASING DIVISION USE ONLY	
Vendor ID:	_____
Check No. :	_____
Memo No. :	_____
Date:	_____
Entered by:	_____