

Request for BIDS	 <p>Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 Direct all inquiries regarding this order to: (304) 696-2823</p>	Bid # MU18AthMedSply
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Vendor:	For information call:
Phone:	Purchasing Agent: Amanda Dailey daileya@marshall.edu and purchasing@marshall.edu
FEIN/SSN:	Phone: (304)696-2821

Sealed requests for bids furnishing commodities and/or services described below will be received by the Institution. TO RECEIVE CONSIDERATION FOR AWARD, UN LESS OTHERWISE NOTED, THE BID WILL BE SUBMITTED IN BONFIRE ON OR BEFORE THE DATE AND TIME SHOWN FOR THE BID OPENING. The Institution reserves the right to accept or reject bids 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	Department Requisition No.	BIDS OPEN:	BIDDER MUST ENTER DELIVERY DATE FOR EACH ITEM BID	
6/20/17		July 10, 2017 3:00 pm		
Item #	Quantity	Description	Unit Price	Extended Price
		INVITATION TO BID Marshall University will accept bids for the following services until 3:00 PM on July 10, 2017. 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 2017/2018 Sports Season. All bidding documents must be submitted in BONFIRE https://marshall.bonfirehub.com/opportunities/3930 In accordance with the bidding documents issued by Marshall University.		
Total				

To the Purchasing Department,
 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.

Bidder guarantees shipment from _____	Bidder's name Vendor _____
_____ within _____ days	Signed By _____
FOB _____ After receipt of order at address shown	Typed Name _____
Terms _____	Title _____
	Street Address _____
	City/State/Zip _____
	Date _____ Phone _____
	Fein _____

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.



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
Bid	File Type: PDF (.pdf)	Multiple	Required	
MU18AthMedSply (BT-29BD)	BidTable: Excel (.xlsx)	1	Required	You will need to fill out the provided Response Template for this BidTable. 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 BidTables:



The BidTable Response Templates can be obtained at <https://marshall.bonfirehub.com/opportunities/3930>.

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

2. Upload your submission at:

<https://marshall.bonfirehub.com/opportunities/3930>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Jul 10, 2017 3:00 PM EDT**. We strongly recommend that you give yourself sufficient time and **at least ONE (1) day** 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. Browser cookies 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>

Primary Responses

Bid/No Bid Decision	#	Item Name	Quantity Required	Unit of Measure
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Taping

Bid	#1-1	1.5" J& J Coach Speed Pack - No Substitutions	100	bx
Bid	#1-2	1" PowerTape - No Substitutions	1	bx
Bid	#1-3	1.5" PowerTape - No Substitutions	100	bx
Bid	#1-4	1" Powerflex - No Substitutions	1	bx
Bid	#1-5	2" Powerflex 24/cs BLACK - No Substitutions	200	bx
Bid	#1-6	3" Powerflex 16/cs BLACK - No Substitutions	200	bx
Bid	#1-7	2" Elastikon Speedpack - No Substitutions	3	bx
Bid	#1-8	3" Elastikon Speedpack - No Substitutions	3	bx
Bid	#1-9	2" Sher-Light - No Substitutions	75	bx
Bid	#1-10	3" Sher-Light - No Substitutions	50	bx
Bid	#1-11	2" Omnifix - No Substitutions	10	bx
Bid	#1-12	4" Omnifix - No Substitutions	10	bx
Bid	#1-13	Cramer Heel-n-Lace Pads- No Substitutions	20	bx
Bid	#1-14	Theraband Kinesiology Tape Black/Black Bulk Roll - No Substitutions	8	Bulk rolls
Bid	#1-15	Leukotape P case/30 rolls - No Substitutions	1	case
Bid	#1-16	Andover Moleskin 2"x25yds - No Substitutions	6	rolls
Bid	#1-17	Cramer Foam Underwrap GREEN 48/case - No Substitutions	20	case

First Aid

Bid	#2-1	FreeForm SE Nitril Exam Gloves Medium 100/bx - No Substitutions	12	bx
Bid	#2-2	FreeForm SE Nitril Exam Gloves Large 100/bx - No Substitutions	30	bx
Bid	#2-3	FreeForm SE Nitril Exam Gloves X-Large 100/bx - No Substitutions	20	bx
Bid	#2-4	Telfa Non-stick Gauze 3"x4" 100/bx	10	bx
Bid	#2-5	Dukal New Sponges Sterile 4"x4"	9	bx
Bid	#2-6	Dukal New Sponges Non-Sterile 4"x4"	25	bags
Bid	#2-7	Coverlet Wing Elastic Strips 3"x3" 50/bx - No Substitutions	30	bx
Bid	#2-8	Coverlet Knuckles 1.5"x3" Strips 50/bx - No Substitutions	20	bx
Bid	#2-9	Coverlet Finger Tip Large 100/bx - No Substitutions	12	bx
Bid	#2-10	Coverlet 7/8" Spot Rounds 100/bx - No Substitutions	12	bx
Bid	#2-11	2nd Skin Squares - No Substitutions	18	ea
Bid	#2-12	Alcohol Prep Pads 200/bx	12	bx
Bid	#2-13	Betadine Solution Quarts	6	ea
Bid	#2-14	Blood Buster 1 Gallon - No Substitutions	3	ea
Bid	#2-15	Hibiclens Antiseptic 16oz Foam - No Substitutions	10	ea
Bid	#2-16	Hibiclens Antiseptic 1 gallon - No Substitutions	3	ea
Bid	#2-17	3M Steri-Strip Adhesive Skin Closures 1/8"x3" (50x5) 250/bx - No Substitutions	2	ea
Bid	#2-18	3M Steri-Strip Adhesive Skin Closures 1/4"x3" (50x5) 250/bx - No Substitutions	2	ea
Bid	#2-19	Stip-Tik Swabpoules 25/bx - No Substitutions	6	bx
Bid	#2-20	Histocryl Topical Skin Adhesive- No Substitutions	24	ea
Bid	#2-21	Medique Liquid Skin 0.017oz pipette 10/bag - No Substitutions	13	ea
Bid	#2-22	PolyMem Sportswrap 3"x36" - No Substitutions	6	bx

Topicals

Bid	#3-1	Bio-Freeze 1 Gallon w/pump- No Substitutions	2	ea
Bid	#3-2	Flex-All 1 Gallon w/pump- No Substitutions	4	ea
Bid	#3-3	Cramer Atomic Balm 1lb Jar- No Substitutions	12	ea
Bid	#3-4	Cramer Atomic Balm 5lb Jar- No Substitutions	4	ea
Bid	#3-5	Cramer Red Hot 1lb Jar- No Substitutions	6	ea
Bid	#3-6	Tiger Balm Ultra Strength 50gm/jar - No Substitutions	40	ea
Bid	#3-7	Aquaphor 14oz- No Substitutions	9	ea
Bid	#3-8	Lotrimin AF Cream 12gm/tube- No Substitutions	10	ea
Bid	#3-9	Curex Anti-Fungal Spray Powder- No Substitutions	20	ea
Bid	#3-10	Safetec Triple Antibiotic Ointment 144/bx- No Substitutions	15	bx
Bid	#3-11	Triple Antibiotic Ointment 1oz/tube	13	ea
Bid	#3-12	Zinc Oxide 1oz tube	9	ea
Bid	#3-13	Safetec Hydrocortisone Cream 144/bx- No Substitutions	8	bx
Bid	#3-14	Safetec Hydrocortisone Cream 1oz/tube- No Substitutions	12	ea
Bid	#3-15	Safetec Lip Balm 144/bx- No Substitutions	9	bx
Bid	#3-16	Off Deep Woods- No Substitutions	3	ea
Bid	#3-17	Sting Relief Ampules 10/bx	6	ea

Athletic Training Room Supplies

Bid	#4-1	Medco 6" Plastic Wrap with Handle 6/case - No Substitutions	60	bx
Bid	#4-2	Medco 6" Plastic Wrap Foam Grip Handle Only - No Substitutions	10	ea
Bid	#4-3	Cramer 9 1/2"x18" 1500/roll Ice Bag-No Substitutions	50	bx
Bid	#4-4	Polyethylene Bottles w/flip open spout 4oz	40	bottles
Bid	#4-5	Cramer Tape Remover Pint- No Substitutions	15	ea
Bid	#4-6	Salonpas Hot Capsicum Patch- No Substitutions	15	bx
Bid	#4-7	Cramer Pocket Mirror - No Substitutions	12	ea
Bid	#4-8	Shark Tape Cutters - No Substitutions	20	ea
Bid	#4-9	Shark Tape Cutter Replacement Blades 10/bx - No Substitutions	4	bx
Bid	#4-10	Lister Stainless Steel Scissors 7 1/4"	20	ea
Bid	#4-11	Super Pro Scissors- PRO 11T -No Substitutions	10	ea
Bid	#4-12	Paramed Scissors 7 1/4" BLACK	30	ea
Bid	#4-13	Pedi Shaper Form Fitting Foot File 10"- No Substitutions	20	ea
Bid	#4-14	Pedi Corn Cutter Replacement Blades	10	bx
Bid	#4-15	Trim Fingernail Clippers 2 1/4"	40	ea
Bid	#4-16	Trim Fingernail Clippers 3 3/4"	40	ea
Bid	#4-17	Sterile Disposable Scalpels Steel Blade Size 11 10/bx	3	bx
Bid	#4-18	Sterile Disposable Scalpels Steel Blade Size 10 10/bx	6	bx
Bid	#4-19	BD 28Gx1 1/2" needle 100/bx-No Substitutions	2	ea
Bid	#4-20	Benzoin Tincture Ampules 100/bx	2	ea
Bid	#4-21	Green Mouth Guards w/strap 100/bx	2	bx
Bid	#4-22	Refresh Plus Lubricant Eye Drops 50/bx-No Substitutions	6	bx
Bid	#4-23	PRO Tubular Knit BLACK Compression 3.5"-No Substitutions	9	bx
Bid	#4-24	PRO Tubular Knit BLACK Compression 5"-No Substitutions	9	bx
Bid	#4-25	No-Wrap Tubular Compression 4"x20" BLACK-No Substitutions	15	bx
Bid	#4-26	Double 6" Deluxe Elastic bandages Conco - No Substitutions	2	pk
Bid	#4-27	Hydrochlor 5lb bottle	2	ea
Bid	#4-28	Waterboy Sanitary Tablets for Coolers 150/bx	2	bx

Bracing, Splinting, Ambulatory

Bid	#5-1	Aquaplast Splinting Material 18x24x1/8 Solid-No Substitutions	2	sheets
Bid	#5-2	Adult Crutches	9	pairs
Bid	#5-3	Tall Adult Crutches	9	pairs
Bid	#5-4	Arm Sling- Medium	12	ea
Bid	#5-5	Arm Sling- Large	12	ea
Bid	#5-6	Arm Sling- X-Large	12	ea
Bid	#5-7	OSI Tear Drop 4"x5"	20	ea
Bid	#5-8	OSI Shin 9"x4"	20	ea
Bid	#5-9	OSI Square 5"x5"	20	ea
Bid	#5-10	Econo-Paste Unna's Boot with Calamine 4"x10" 12/bx	3	ea

Padding

Bid	#6-1	Mepilex Border Lite 3x3 5/bx	6	ea
Bid	#6-2	Cramer OrthoForm 4x8" -No Substitutions	2	ea
Bid	#6-3	Cramer Adhesive 1/8" Foam Kit-No Substitutions	6	ea
Bid	#6-4	Econoline Super Foam 1/4" -No Substitutions	6	ea
Bid	#6-5	Econoline Super Foam 3/8" -No Substitutions	6	ea
Bid	#6-6	Cramer Foam Cast Cover Kit -No Substitutions	3	ea
Bid	#6-7	Cramer Dual Density Foam Kit-No Substitutions	3	ea
Bid	#6-8	Econoline Corn Pads 1/4" Foam 100/bag -No Substitutions	3	ea
Bid	#6-9	Econoline Blister Pads 1/4" Foam 100/bag-No Substitutions	3	ea

Medications

Bid	#7-1	Medique Chlorphen 250/bx-No Substitutions	3	bx
Bid	#7-2	Medique Diphen Allergy 200/bx-No Substitutions	3	bx
Bid	#7-3	Medique Loradamed 50/bx-No Substitutions	15	bx
Bid	#7-4	Medique APAP Extra Strength 500/bx-No Substitutions	10	bx
Bid	#7-5	Medique I-Prin 500/bx-No Substitutions	6	bx
Bid	#7-6	Medique Pain Off 500/bx-No Substitutions	12	bx
Bid	#7-7	Medique Back Pain Off 500/bx-No Substitutions	12	bx
Bid	#7-8	Medique Diotame Chewable Tabs 500/bx-No Substitutions	6	bx
Bid	#7-9	Medique Diomode 100/bx-No Substitutions	6	bx
Bid	#7-10	Medique Ban-acid 150/bx-No Substitutions	9	bx
Bid	#7-11	Medique Decorel Forte Plus 500/bx-No Substitutions	18	bx
Bid	#7-12	Medique Medikoff Drops 600/refill- Cherry -No Substitutions	6	ea
Bid	#7-13	Medique Guaicon DMS Liquid 20/bx	15	bx
Bid	#7-14	Medique Medi-Meclizine 1000/bx-No Substitutions	3	bx
Bid	#7-15	Medique Medi-Lyte 500/bx-No Substitutions	12	bx
Bid	#7-16	Heat Guard 1000/bottle-No Substitutions	2	ea
Bid	#7-17	Safetec Oral Pain Relief 144/bx-No Substitutions	3	bx
Bid	#7-18	Glutose 15 3per/pack	12	ea
Bid	#7-19	Ammonia Inhalants 100/bx	3	bx

Modality and Rehab Accessories

Bid	#8-1	12 1/2 Goniometer	3	ea
Bid	#8-2	Aquasonic Ultrasound Gel Blue 5L/ea -No Substitutions	4	ea
Bid	#8-3	Durastick Plus 2" Square 10packs of 4/bx-No Substitutions	12	bx
Bid	#8-4	Durastick 2"x3 1/2" Rectangle 10packs of 4/bx-No Substitutions	12	bx
Bid	#8-5	Terry Covers 19"x27" Standard -No Substitutions	12	ea
Bid	#8-6	Terry Covers 25"x18" Neck contour -No Substitutions	6	ea
Bid	#8-7	Terry Covers 24"x36" Oversize-No Substitutions	6	ea
Bid	#8-8	HotPacs Standard 10"x12" Standard size-No Substitutions	12	ea
Bid	#8-9	HotPacs Standard 15"x24" Oversize-No Substitutions	6	ea
Bid	#8-10	HotPacs Standard 24" Long Neck Contour-No Substitutions	6	ea
Bid	#8-11	Tiger Tail 18"	15	ea
Bid	#8-12	Tiger Tail 22"	15	ea
Bid	#8-13	High Density Foam Roller- Round 6"x12"	12	ea
Bid	#8-14	High Density Foam Roller-Round 6"x36"	12	ea
Bid	#8-15	Theraband CLX Green 25yd/bx-No Substitutions	9	bx
Bid	#8-16	Theraband CLX Blue 25yd/bx-No Substitutions	9	bx
Bid	#8-17	Theraband CLX Black 25yd/bx-No Substitutions	9	bx
Bid	#8-18	Theraband Tubing Blue 100ft/bx-No Substitutions	6	bx

Gatorade

Bid	#9-1	Gatorade Glacier Freeze Instant Power 51oz (6gal) -No Substitutions	25	case
Bid	#9-2	Gatorade Lemon Lime Instant Powder 51oz (6gal)-No Substitutions	25	case
Bid	#9-3	Gatorade Riptide Rush Instant Powder 51oz (6gal)-No Substitutions	25	case
Bid	#9-4	Gatorade Fuel Bars Chocolate Chip 12/case -No Substitutions	20	case
Bid	#9-5	Gatorade Fuel Bars Oatmeal Raisin 12/case-No Substitutions	20	case
Bid	#9-6	Gatorade Fuel Bars Chocolate Peanut Butter 12/case-No Substitutions	20	case
Bid	#9-7	Gatorade Prime Energy Chews Cool Blue 16packs/case-No Substitutions	40	case
Bid	#9-8	Gatorade Prime Energy Chews Strawberry 16packs/case-No Substitutions	40	case
Bid	#9-9	Gatorade Endurance Gatorlytes 20/bx-No Substitutions	40	bx

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 exceeds 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 _____

WV-10
Approved / Revised
12/16/15

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:

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Medical Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Attorney Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Estate | |

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

- 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

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

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.

<i>Authorized Agent of Vendor (Print Name)</i>
<i>Authorized Agent (Signature)</i>
<i>Title</i>
<i>Date</i>

**PURCHASING DIVISION
USE ONLY**

Vendor ID: _____

Check No. : _____

Memo No. : _____

Date: _____

Entered by: _____