



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Solicitation Response

Proc Folder : 555301  
 Solicitation Description : (4) Kodak i3250 scanners (6319B0077)  
 Proc Type : Agency Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-03-27 13:30:00	SR 0803 ESR03271900000004460	1

VENDOR
000000161403 OM OFFICE SUPPLY INC

Solicitation Number: ARFQ 0803 DOT1900000037

Total Bid : \$18,652.00      Response Date: 2019-03-27      Response Time: 11:46:28

Comments:

**FOR INFORMATION CONTACT THE BUYER**  
 Dusty J Smith  
 (304) 558-9398  
 dusty.j.smith@wv.gov

Signature on File	FEIN #	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Kodak i2350 Scanner or equivalent	4.00000	EA	\$4,663.000000	\$18,652.00

Comm Code	Manufacturer	Specification	Model #
44102202			

<b>Extended Description :</b>	Kodak i2350 Scanner or equivalent
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**Comments:** Bidding on Kodak I3250 Scanner with 3 year NBD Warranty.



State of West Virginia  
Request For Quotation

Procurement Folder : 555301

Document Description : (4) Kodak i3250 scanners (6319B0077)


Procurement Type : Agency Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version	Phase
2019-03-20	2019-03-27 13:30:00	ARFQ 0803 DOT1900000037	2	Final

SUBMIT RESPONSES TO:	VENDOR
FINANCE & ADMINISTRATION DIVISION OF HIGHWAYS BLDG 5, RM A-220 1900 KANAWHA BLVD E CHARLESTON WV 25302 US	<b>Vendor Name, Address and Telephone</b>  OM Office Supply Inc. 5007 Carlisle Pike, Suite 101 Mechanicsburg, PA 17050 Tel:717-763-4216 Fax:717-763-4354 e-mail: mani@omos.com

FOR INFORMATION CONTACT THE

Dusty J Smith  
(304) 558-9398  
dusty.j.smith@wv.gov

Signature X  FEIN # 25-1794667 DATE 3/27/19

All offers subject to all terms and conditions contained in this solicitation

Date Printed : Mar 20, 2019 Solicitation Number : DOT1900000037 Page : 1 FORM ID : WV-PRC-ARFQ-001

**ADDITIONAL INFORMATION:**

\*\*\*\*\*NOTICE\*\*\*\*\*

MAKE SURE YOU DOWNLOAD ALL INFORMATION  
TERMS AND CONDITIONS-SPECIFICATIONS-INFORMATIONAL ATTACHMENTS-PURCHASING AFFIDAVIT-PRICING PAGES

PLEASE NOTE THAT TO BE AWARDED THIS CONTRACT YOU WILL BE TO A REGISTER VENDOR WITH WV STATE PURCHASING, AND COMPLIANT WITH SEVERAL AGENCIES SUCH AS THE WVSOS, TAX DEPARTMENT, WORKER'S COMPENSATION, AND UNEMPLOYMENT INSURANCE

INVOICE TO	SHIP TO
DIVISION OF HIGHWAYS INFORMATION SERVICE DIVISION 1900 KANAWHA BLVD E, BLDG 5 RM 920 CHARLESTON WV25305-0430 US	DIVISION OF HIGHWAYS INFORMATION SERVICE DIVISION 1900 KANAWHA BLVD E, BLDG 5 RM 920 CHARLESTON WV 25305-0430 US

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
1	Kodak i2350 Scanner or equivalent	4.00000	EA	4668-00	18652-00

Commodity Code	Manufacturer	Model #	Specification
44102202	Kodak	i3250 Scanner part # 1788900	Kodak i3250 Scanner

Extended Description  
Kodak i2350 Scanner or equivalent

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	TECHNICAL QUESTIONS DUES AT 10AM	2019-03-15

DOT1900000037	<b>Document Phase</b> Final	<b>Document Description</b> (4) Kodak i3250 scanners (6319B0077)	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

\_\_\_\_\_  
(Name, Title)  
*Manish Agarwal, V.P*  
(Printed Name and Title)

OM Office Supply Inc.  
5007 Carlisle Pike, Suite 101  
Mechanicsburg, PA 17050  
Tel: 717-763-4216 Fax: 717-763-4354  
e-mail: mani@omos.com

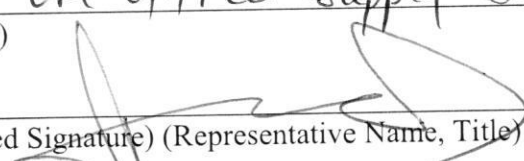
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) / (Fax Number)

\_\_\_\_\_  
(E-mail address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

*OM Office Supply Inc.*  
\_\_\_\_\_  
(Company)

  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)

*Manish Agarwal, V.P*  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

*3/26/19*  
\_\_\_\_\_  
(Date)

*717-763-4216, 717-763-4354*  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:**

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 checked="" 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 OM Office Supply Inc.

Authorized Signature 

Date 3/27/19

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: OM office supply Inc  
Authorized Signature: [Signature] Date: 03/26/2019  
State of PA  
County of Cumberland, to-wit:  
Taken, subscribed, and sworn to before me this 26th day of March, 2019.  
My Commission expires 4-15, 2020.

**AFFIX SEAL HERE**  
COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Judy Hoover, Notary Public  
Silver Spring Twp., Cumberland County  
My Commission Expires April 15, 2020  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**NOTARY PUBLIC** [Signature]  
Purchasing Affidavit (Revised 01/19/2018)



EXHIBIT A - PRICING PAGE

TOTAL INSTALLATION & DELIVERY COST			
LOCATION - BUILDING 5, ROOM 920 CHARLESTON, WV 25305			
Item Number	Description	Unit Price	TOTAL
1	3.1 (4) Four Kodak Alaris i3250 Scanner or equal document scanner	3281-00	13124-00
2	3.1.2.1 (4) 1035922 Kodak i32X0 3 Year Warranty uplift	1382-00	5528-00
<b>Total</b>			<b>18652-00</b>