



Request for Quotation

State of West Virginia
 Department of Health & Human Resources
 Office of Purchasing
 One Davis Square, Suite 100
 Charleston, WV 25301

RFQ NUMBER
MED10001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BRYAN ROSEN
304-558-0953

V E N D O R	
----------------------------	--

S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
----------------------------	------------------------------------------------------------------------------------------

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND
--------------	---------------	----------	--------	------

BID OPENING DATE: 3/11/2010 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.						
REQUISITION NO.: MED10001						
ADDENDUM ACKNOWLEDGEMENT I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S" NO. 1 _____ NO. 2 _____ NO. 3 _____ NO. 4 _____ NO. 5 _____						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE		TELEPHONE	DATE
TITLE		FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"



Request for Quotation

State of West Virginia
 Department of Health & Human Resources
 Office of Purchasing
 One Davis Square, Suite 100
 Charleston, WV 25301

RFQ NUMBER
MED10001

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
BRYAN ROSEN 304-558-0953

V E N D O R	
----------------------------	--

S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
----------------------------	------------------------------------------------------------------------------------------

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 3/11/2010 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
				SIGNATURE		
				COMPANY		
				DATE		
END OF ADDENDUM NO. 1						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

WV BMS MED10001

1. Does BMS intend to offer the agency with choice (AWC) model of financial management services (FMS) as well as the government FEA model of FMS in the MRDD Waiver?

AWC model will be provided as a service by qualified service providers.

2. If BMS intends to offer the AWC model of FMS, does BMS intend to define AWC as an administrative function to be performed by a single contractor, or does BMS intend to define AWC as a Medicaid service to be provided by qualified service providers?

AWC model will be provided as a service by qualified service providers.

3. If BMS intends to offer the AWC model of FMS, does BMS expect vendors to provide resource consulting services to participants who chose the AWC model of FMS or only to participants who chose the FEA model of FMS?

Resource consulting services would not be provided by the government FEA under the AWC model.

4. After CMS approves the MRDD Waiver renewal, how long of a start-up period does BMS intend to allow the successful vendor to develop policies, procedures, materials, etc. prior to enrollment of the first participants?

Development of policies and procedures shall begin immediately upon contract award and be finalized no later than 30 days after CMS waiver approval.

5. May vendors quote start-up costs for MRDD Waiver services? If so, where should vendors indicate these costs on the Cost Summary?

Vendors may propose start-up costs for the MR/DD waiver and must provide a budget narrative for any start up costs proposed for waiver services. The startup costs should be reflected in the separate budget narrative and added to the total costs. Please see revised cost summary sheet.

6. Does BMS expect vendors to quote annual costs in addition to monthly costs for MRDD Waiver services? If so, where should vendors include the annual costs of MRDD Waiver services on the Cost Summary?

Reflect the monthly and annual cost on the line specified. Please see revised cost summary sheet.

7. The "Grand Total" line of the Cost Summary appears to be a combination of annual costs for AD Waiver services and monthly costs for MRDD Waiver services. Is this intentional, or does BMS expect each vendor's grand total to be the sum of the annual costs for AD Waiver services plus the annual costs for MRDD Waiver services?

The grand total will be the annual cost. Please see the revised cost summary sheet.

8. Does BMS expect vendors to quote price(s) that the vendors can live with for up to five years with no increase (other than possible increases in the rate for AD Waiver services due to increases in individual budgets), or will BMS permit the successful vendor to annually determine if there is an impact of the contract renewal on price(s) via the annual change order process as described in Section 1.21.13?

BMS expects the vendor to provide the services based on the cost sheet proposal with their firm costs.

9. How will BMS evaluate and score the “... *vendor’s pricing scheme and price in comparison to other offerors*” as stated in section 1.10.4.5?

Lowest Price of All Proposals

_____ **X 30= Points Value.**

Price of proposal being evaluated

10. Is there a standard format for vendors to certify to BMS that they and their associates are free from debarment and suspension, or should vendors develop their own format to certify this?

Yes, we have attached the debarment, suspension, ineligibility certification form to be used.

11. Are vendors permitted to include appendices for documents such as organizational charts and resumes? If so, where should vendors include these documents in the format of the proposal?

Vendors are permitted to include appendices and should clearly identify appendices by section and page numbers in the table of contents.

12. If a vendor intends to apply for the resident vendor preference, should the vendor include this application with the technical proposal or with the cost proposal? If the application is to be included with the cost proposal, will BMS extend the page limit to reflect this?

Should be submitted with the cost proposal and will not impact the page limit.

Does the one-page limit for the cost proposal include the Cost Summary page, or may vendors submit a one-page narrative in addition to the Cost Summary page?

Please see revised cost summary sheet and a budget narrative of startup cost is required.

13. By what date will the Bureau notify the successful vendor?

It is anticipated that the successful vendor should be notified by March 26, 2010.

14. What is the anticipated operational start date?

It is expected that the successful vendor will start business on April 1, 2010.

15. Assuming the current provider is not the successful vendor, by what date will the current provider be required to submit all required enrollment, budget and tax information for existing participants to the new vendor?

The current provider has up to six months to ensure transition. The current provider could provide services for up to six months on a month to month basis until full transition is completed.

17. What format will this information be provided in?

It is anticipated that information will be transferred in an electronic format and some information will be provided on paper.

18. Will the current client base be issued new authorizations upon the operational start date or will there be a reconciliation process with the outgoing provider?

Members eligible for waiver services have authorizations based on their date of medical eligibility for the aged and disabled waiver program. New authorization for waiver services should not be needed since authorizations are in the MMIS system.

19. How will current participants and their case managers and direct care workers be alerted to a change in vendor. By what date does the Bureau anticipate this notification will occur?

BMS will ensure that members and their employees will receive written notification of the change in vendor. The process of notification will commence with the award of a new contract.

20. re: 3.2.44 How is the verification process to confirm member Medicaid enrollment status completed. Please address if this process can be done in a "batch" or if it must be done individually

The Bureau of Senior Services verifies eligibility for Aged and Disabled Waiver services upon the referral to the self-directed option. Verification of ongoing waiver eligibility is the responsibility of the vendor and is currently done on an individual basis.

21. It is understood that the State will not pay for the administrative fees for VFA services prior to the delivery of the service, however, the VFA is a fiduciary for the State in regards to the processing funds for the client services performed by other vendors/contractors/employees. Will the VFA, as the State's fiduciary agent, be provided with advance processing funds in order to pay the vendors on behalf of the State for client services?

No.

22. Is this service currently being provided by a contractor? Or are these two brand new Waiver programs?

There is a current vendor who is providing FEA services in the Aged and Disabled Waiver program. The MR/DD waiver program is planning on incorporating a self-directed option in the July 2010 renewal.

23. If these are existing programs, how many clients/consumers are currently active/participating in each?

There are approximately 500 individuals accessing self-directed services in the Aged and Disabled Waiver program as of January 2010.

24. What is the estimated average annual service plan?

Please see the Cost Summary sheet to note the budget amounts and that the majority of participants are level B and level C.

25. Is there a desired area within the State that BMS prefers an office be located (assuming one is not yet established)?

There is not a designated area in the state that the office must be located in; however, there will be a need for frequent meetings in Charleston with personnel that oversee the waiver program.

26. Page 11, Section 1.21.10: Does that statement that pricing is established for the life of the contract include the one year renewals? The one page Cost Summary Form does not provide for increasing fees/expenses over a 5 to 6 year period. In section 1.21.13, it is stated that the one year (extensions) amendments allow for changes in costs.

Please see revised cost summary sheet.

27. Page 13, Section 1.24 Disaster Recovery. Is a description of the vendor's Disaster Recovery Plan desired and/or required within the body of the proposal? As an attachment?

This can be accepted as an attachment.

28. Re Subcontracting. Page 14 Section 3.1, Page 15 Section 3.1.17 both state that the services will be delivered without the use of a subcontractor, specifically, "will perform the FE/A tasks internally without the use of a subcontractor"; however, general contract information on page 10, Section 1.21.9 and page 21, Location, refer to subcontractors.

a. Is the vendor allowed to subcontract fiscal agent tasks, such as payroll processing and non-payroll payments?

FE/A tasks cannot be subcontracted.

b. Is the vendor allowed to subcontract Resource Consulting services?

The vendor is not allowed to sub contract resource consulting services.

29. Page 16, above Section 3.2.11: the RFP states the “The Vendor should propose a process with written policies and internal control”. Is it desired or expected that examples of policies are provided within the body of the proposal? As attachments?

This can be accepted as an attachment.

30. Page 17, 3.2.26 – Please provide detail regarding the specific CHBC requirements.
a. What are the requirements?

Criminal background checks must be conducted per waiver policy. Currently, per Aged and disabled waiver policy criminal background checks must be conducted prior to the direct care worker providing services. They must be statewide and the FEA checks against ADW policy for excluded offenses.

- b. How are the CHB checks paid?

Expenses of the background check are the responsibility of the potential employee.

- c. If they are paid by the Member currently, does the current vendor receive pre-payment for the check or does the vendor bill the Member in arrears?

Not applicable. Please note above response.

31. Page 18, 3.2.44 – Will the VFA has access to the system information for the verification of Medicaid eligibility?

Yes they will have access to verify Medicaid eligibility.

32. Page 19, 3.2.53 – Please provide detail regarding the expected or desired extent of assistance provided to members in acquiring qualified staff.
a. For example, would the VFA be directly advertising/recruiting employees for individual members or would the VFA be providing information about advertising and recruiting for employees that the members can use?

No, they would not be responsible for direct advertisement but they would be responsible for providing appropriate individualized information and assistance to support members with their responsibility to select and hire staff.

- b. If the extent of assistance is left up to the proposer, will the proposal ratings and pricing evaluation take into consideration the difference in service levels that might be proposed from one vendor to another?

Please see question #9 for pricing evaluation.

33. Page 21, Relevant Experience – Are Letters of References desirable and/or allowable? Can they be provided as an attachment or would you prefer that they be included within the Relevant Experience section?

Letters of Reference can be an attachment.

34. Page 22 - It appears that there will be two different methods of reimbursement. For the Aging/Disabilities Waiver an administrative payment based on a percentage of the processing amount expended monthly and for the MR/DD Waiver a per member/per month set fee. Is that correct?

Currently, based on the approved aged and disabled waiver the methodology for payment is a percentage. The expectation is that the MR/DD waiver will be a PM/PM rate. Please note revised cost sheet.

35. Page 22 – The numbers included in Levels A – D: do they represent some clients with payroll services only (self-directed with household employees) and others with vendor services/non-payroll accounts payable? Do some plans include both?

All members receiving self-directed services have direct care employees per aged and disabled waiver policy and may choose vendor non payroll supports such as participant directed goods and services.

36. Page 22 - Do we provide a narrative for all of the items in the Cost Summary Form? Is an explanation/narrative of the start-up costs required or can one be provided? Is the Cost Proposal the same item as the Cost Summary Form?

Please see revised cost summary sheet and response #5.

Format Questions

37. Page 20 - Where do we place the copy of the authority/delegation of authority to sign document?

- a. Should it be placed in the Forms section or as an attachment?

The Forms Section

- b. Does it need to be notarized?

This is not a requirement.

38. Do we provide 6 convenience copies of the cost proposal as well as the technical proposal?

Yes.

- a. Or just one copy of the Cost Summary Form in the sealed envelope?
- b. Is a Cost Summary Narrative required or acceptable for us to include? If so, should it be sealed with the Cost Summary Form? How many copies?

Yes, a narrative can be included. 6 copies and it is to be sealed, along with the cost summary.

39. Is an attachment section allowed?

Yes.

40. Is there a preference regarding the binding of the technical proposal? Clipped, stapled, loose-leaf binder, un-bound? Original copy only clipped/unbound?

We have no preference in how it is bound. All copies should be bound with the exception of the one electronic version.

41. Minimum margins and font size desired/required?

No minimum requirement for margins, and the font size should be no less than 11.

42. Page 21 – Signed Forms refers to an “affidavit”. Which affidavit?

- a. Page 8, Section 1.19 refers to a “Purchasing Affidavit”. Do you have a standard form? If not applicable to us, do we put “N/A” on it, sign and submit? Does it need to be notarized?

Please see attached form. Must be notarized.

- b. Page 9, Section 1.21.3: Does an affidavit need to be submitted for the lobbying certification? Do you have a standard form? If not applicable to us, do we put “N/A” on it, sign and submit? Does it need to be notarized?

Please see attached form. Must be notarized.

- c. The Cost Proposal Form is listed here, however it is supposed to be in a separate sealed envelope. Please confirm the desired location.

The cost proposal must be submitted in a sealed envelope accompanying the technical proposal.

Cost Summary

The specific administrative percentage will be determined before implementation and will be the same specific percentage for all self-directed participants.

FIRM PRICING ONLY WILL BE ACCEPTED

Estimated number of Aged and Disabled Waiver participants:

(Estimate is for bidding purposes only and is not a guarantee of any volumes.)

Level	Monthly Budget	Estimated Participants	Administrative Percentage	Monthly Cost
A	\$1087.37	1		
B	\$1521.37	176		
C	\$1955.37	236		
D	\$2389.37	90		
TOTAL MONTHLY COSTS				
TOTAL MONTHLY COST multiplied by 12 months				
ADD Start-up and Implementation Costs (One page Budget Narrative must be attached detailing start up costs)				
TOTAL ANNUAL COSTS				

OPTIONAL SERVICES IMPLEMENTED AT BMS OPTION

**ESTIMATED NUMBER OF MR/DD WAIVER PARTICIPANTS is for BID PURPOSES ONLY
THIS RATE WILL BE A FLAT PER MEMBER PER MONTH (PM/PM) AND WILL NOT BE BASED
ON THE INDIVIDUALIZED MR/DD WAIVER BUDGETS**

Individual PM/PM rate =	Year 1	Year 2	Year 3	Year 4	Year 5
All inclusive PM/PM rate for MR/DD waiver participants (Fiscal Employer Agent and Resource Consulting 100 participants x PM/PM=)					
TOTAL OF MONTHLY OPTIONAL SERVICES					
ADD Start-up and Implementation Costs (One page Budget Narrative must be attached detailing start up costs)					
Total Monthly Optional Cost x 12 months					
GRAND TOTAL ANNUAL COSTS and OPTIONAL SERVICES					

Bidder

Signature Date

Title

BUREAU FOR MEDICAL SERVICES

MED PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (**West Virginia Code §61-5-3**), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: _____

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 _____

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME		Doing business as (DBA)	
ADDRESS	Applicable Procurement or Solicitation #, if any:	Federal Employer Tax Identification #:	

This certification is submitted as part of a request to contract.

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____

Date: _____

Print Name and Title: _____

Bureau for Medical Services

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

4. Application is made for 5% resident vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61 -5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____

Signed: _____

Date: _____

Title: _____

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