

5823 Patterson Avenue  
(866) 996-6379 (toll-free)  
Richmond, VA 23226



info@westwoodpharmacy.com  
www.westwoodpharmacy.com  
(866) 288-6707 (fax)

**9/25/14**

Connie,  
Here is the information that you requested:

**Option 1:**

100% minus \$1.00 restocking fee. (If the restocking fee exceeds the value of the medication the \$1.00 restocking fee will be waived.)

We are also committed to providing scanning capabilities, as it relates to the return of medications for credits, by November 1, 2014.

Thank you,

A handwritten signature in black ink, appearing to read "Hunter Hoggatt", written over a horizontal line.

Hunter Hoggatt  
Vice-President of Corrections  
Westwood Pharmacy  
5823 Patterson Avenue  
Richmond, VA 23226  
[Hunter.hoggatt@westwoodpharmacy.com](mailto:Hunter.hoggatt@westwoodpharmacy.com)  
Work: 804-288-1933  
Cell: 804-519-3383



WILLIAMSON COUNTY  
PURCHASING DEPARTMENT  
901 South Austin Ave  
GEORGETOWN, TEXAS 78626

## Time-Stamp Certification For Receipt of RFP, RFQ, and IFB Responses

This is to certify that I, (mark the appropriate box)

- ☐ Kerstin Hancock
- ☐ Brenda Fuller
- ☐ Connie Singleton
- ☐ Dahlia Court
- ☒ Peggy Wooldridge
- ☐ Rachel Silva

Received the package from Westwood Pharmacy

(vendor name on package) at the date and time stamped at the bottom of this form.

**For RFP/RFQ/IFB # 14RFP00219 Pharmaceutical Services and Supplies - Jail**  
Delivery method (mark the appropriate box and note tracking# if any)

☐ Fed-Ex tracking# \_\_\_\_\_

☒ UPS tracking# 1Z E11 849 01 5942 8778

☐ Hand delivered

☐ Other \_\_\_\_\_

Peggy Wooldridge  
Signature of Receiving Purchasing Dept. Representative

RECD AM 9:49 15 SEP'14

Time-Stamp \_\_\_\_\_

## APPENDIX A PRICE SHEET

### THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL

The undersigned Respondent, having become familiar with this RFP agrees to furnish the services and/or goods in accordance with this RFP at the following rate(s).

Please provide AWP Plus/Minus % Discount in blanks provided below and complete the 2 pages of Drug Brand/Generic price sheets with Per/Capsule-Pill pricing.

**Proposer shall provide current Average Wholesale Price (AWP) minus a percentage (%) discount plus a dispensing fee (if applicable).**

#### BRAND NAME MEDICATIONS

Minus Percent (%) Discount 20.5%

Dispensing Fee (if applicable) n/a

#### GENERIC MEDICATIONS

Minus Percent (%) Discount 93%

Dispensing Fee (if applicable) n/a

**APPENDIX A PRICE SHEET (CONTINUED)**  
**THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL**

**Provide price per capsule/tablet for the following drugs (brand and generic):**

Drug Name	Brand	Generic
VALPROIC ACID 250MG CAP		0.06
HYDROXYZINE PAM 50MG CAP		0.02
BUPROPION 100MG TAB		0.07
LITHIUM CARB 300MG CAP		0.01
QUETIAPINE 100MG TAB		0.48
LACTULOSE 10GM/15 SOL		0.01
ANTI-DANDRUF 1%		0.01
HYDROCERIN LOT		0.01
GERI-MOX SUS		0.01
DIPHENHYDRAMINE 25MG CAP		0.07
SUDOGEST 60MG TAB		0.03
DIPHENHYDRAMINE 50MG CAP		0.07
AMOXICILLIN 500MG CAP		0.03
QUETIAPINE 300MG TAB		1.19
NAPROXEN 500MG TAB		0.10
AMITRIPTYLINE 25MG TAB		0.27
TRAMADOL 50MG TAB		0.06
METFORMIN 500MG TAB		0.05
HYDROXYZ PAMOATE 25MG CAP		0.02
POLYETH GLYC 3350 NF POW		0.01
QUETIAPINE 200MG TAB		0.91
LISINOPRIL 10MG TAB		0.07
VENLAFAXINE 75MG TAB		0.15
HCTZ 25MG TAB		0.01
BENZTROPINE 1MG TAB		0.03
METFORMIN 1000MG TAB		0.10
CITALOPRAM 20MG TAB		0.09
BENAZEPRIL 10MG TAB		0.07
TRAZODONE 100MG TAB		0.05
SMZ/TMP DS 800-160 TAB		0.06
POLYETH GLYC 3350 NF POW		0.01
BUPROPION 75MG TAB		0.05
TRAZODONE 50MG TAB		0.03
AMLODIPINE 10MG TAB		0.17

**APPENDIX A PRICE SHEET (CONTINUED)**  
**THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL**

**Provide price per capsule/tablet for the following drugs (brand and generic):**

Drug Name	Brand	Generic
QUETIAPINE 300MG TAB		1.19
ATRIPLA TAB	63.33	
QUETIAPINE 100MG TAB		0.48
TRUVADA TAB	41.06	
LANTUS 100/ML INJ	21.32	
QUETIAPINE 200MG TAB		0.91
DULOXETINE 60MG CAP		0.55
REYATAZ 300MG CAP	37.58	
OLANZAPINE 20MG TAB		0.87
COMPLERA TAB	63.37	
OLANZAPINE 10MG TAB		0.67
QUETIAPINE 400MG TAB		1.40
LATUDA 40MG TAB	22.41	
BUPROPION 100MG TAB		0.07
DIVALPROEX 500MG ER TAB		3.26
ABILIFY 10MG TAB	17.69	
VALPROIC ACID 250MG CAP		0.06
ISENTRESS 400MG TAB	18.03	
CYCLOPHOSPH 25MG TAB		6.08
INVEGA 9MG TAB	34.76	
OLANZAPINE 5MG TAB		0.65
LATUDA 20MG TAB	22.41	
OLANZAPINE 15MG TAB		0.67
HUMULIN R U-100 U-100 INJ	9.58	
INVEGA 3MG TAB	23.35	
VENTOLIN HFA AER		2.28
ABILIFY 5MG TAB	12.42	
NORVIR 100MG TAB	8.23	
ADVAIR DISKUS 250/50 AER	4.54	
PROMETHAZINE HCL 25MG SUPR		1.24
EPINEPHRINE 0.3MG 2-PACK		124.02
INVEGA 6MG TAB	23.35	
XIFAXAN 550MG TAB	21.67	
PERMETHRIN 5% CRM	1.65	
PREZISTA 800MG TAB	37.31	

**APPENDIX A PRICE SHEET (CONTINUED)**  
**THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL**

The undersigned hereby certifies that he or she has read the terms of this RFP and understands that Williamson County reserves the right to waive any informality in or to reject any or all Proposals.

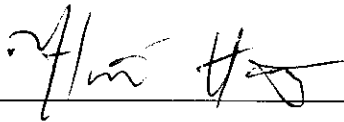
Respondent Name: Westwood Pharmacy

Address: 5823 Patterson Avenue Richmond, Virginia 23226

Telephone: (804) 288-1933 Email: hunter.hoggatt@westwoodpharmacy.com

Contact Name (please print): Hunter Hoggatt

Authorized Signature: \_\_\_\_\_



Title or Representative Capacity of Signer: Vice-President of Corrections

State of Incorporation/Organization or Primary Place of Business: Virginia

## APPENDIX B

Please list at least ten (3) companies or governmental agencies where the same or similar products and/or services as contained in this specification package were provided in the last 4 years.

### REFERENCE ONE

Government/Company Name: Cameron County Jail  
Address: 7100 Old Alice Road , Olmito Texas 78575  
Contact Person and Title: Dean Garza, HSA  
Phone: (956) 465-8888 Fax: (956) 554-6790  
Contract Period: April 1st, 2008- Present Scope of Work: Pharmacy Services

### Reference Two

Government/Company Name: Northern Neck Regional Jail  
Address: 3908 Richmond Road Warsaw, Virginia 22572  
Contact Person and Title: Ted Hull, Superintendent  
Phone: (804) 333-6419 Fax: None  
Contract Period: August 13, 2002- Present Scope of Work: Pharmacy Services

### REFERENCE THREE

Government/Company Name: Blue Ridge Regional Jail  
Address: 510 Ninth Street Lynchburg, Virginia 24504  
Contact Person and Title: Tim Trent, Superintendent  
Phone: (434) 847-1300 Fax: (434) 847-1411  
Contract Period: July 1st, 2013- Present Scope of Work: Pharmacy Services

## APPENDIX C

### CONFLICT OF INTEREST QUESTIONNAIRE

#### For Respondent or other person doing business with local government entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006 Local Government Code.

A person commits an offense if the person violates Section 176.0006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

1. Name of person doing business with local governmental entity.

None

2. ☐ Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Describe each affiliation or business relationship with an employee or contractor of the local government entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

None

4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

None



**APPENDIX C**  
**CONFLICT OF INTEREST QUESTIONNAIRE - CONTINUED**

**CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ  
Page 2

**For Respondent or other person doing business with local government entity**

5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

- A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

☐ Yes ☒ No

- B. Is the filer of the questionnaire receive or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local government entity?

☐ Yes ☒ No

- C. Is the filer of the questionnaire affiliated with a Corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☒ No

- D. Describe each affiliation or business relationship:

None

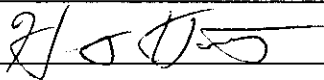
6. Describe any other affiliation or business relationship that might cause a conflict of interest.

None

Respondent  
Name:

Westwood Pharmacy

Authorized Signature:



Title or Representative Capacity of Signer: Hunter Hoggatt, Vice-President of Corrections

Date: September, 2014

**APPENDIX D**  
**PROPOSAL AFFIDAVIT/ACKNOWLEDGMENT OF ADDENDA**

**ACKNOWLEDGMENT OF ADDENDA**

RESPONDENT HEREBY ACKNOWLEDGES RECEIPT OF ALL ADDENDA THROUGH AND INCLUDING:

INITIAL AND ACKNOWLEDGE # OF ADDENDA IN BLANK

ADDENDUM # 1 ADDENDUM # \_\_\_\_\_ ADDENDUM # \_\_\_\_\_ ADDENDUM # \_\_\_\_\_

The undersigned certifies that the IFB and the Respondent's Proposal have been carefully reviewed and are submitted as correct and final. Proposer further certifies and agrees to furnish any and/or all goods and/or services upon which prices are extended at the price negotiated, and upon the conditions contained in the RFP.

STATE OF Virginia <sup>City</sup> COUNTY OF Richmond

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Virginia, on this day personally appeared Stephen Dowdy (Name of Signer), who after being by me duly sworn, did depose and say:

"I, Stephen Dowdy (Name of Signer) am a duly authorized officer of/agent for Westwood Pharmacy (Name of Proposer) and have been duly authorized to execute the foregoing on behalf of the said Westwood Pharmacy (Name of Proposer).

I hereby certify that the foregoing Proposal has not been prepared in collusion with any other Proposer or other person or persons engaged in the same line of business prior to the official opening of this Proposal. Further, I certify that the Proposer is not now, nor has been for the past six (6) months, directly or indirectly concerned in any pool or agreement or combination, to control the price of services/commodities Bid on, or to influence any person or persons to submit a proposal or not to submit a Proposal thereon."

Name and Address of Proposer:

Westwood Pharmacy, 5823 Patterson Avenue Richmond, Virginia 23226

Fax: (804) 288-7934 Telephone#: (804) 288-1933

By: \_\_\_\_\_ Printed Name: Stephen Dowdy

Title: Chief Financial Officer

SUBSCRIBED AND SWORN to before me by the above-named Stephen Dowdy on  
this the 11<sup>th</sup> day of September, 20 14.

[Signature]  
Notary Public in and for



FARWA MATEEN  
NOTARY PUBLIC 7558417  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES MARCH 31, 2017

## APPENDIX E SIGNATURE PAGE

This Proposal shall remain in effect for ninety (90) calendar days from Proposal opening and shall be exclusive of federal excise and state and local sales tax (exempt).

The Respondent agrees, if this Proposal is accepted, to furnish any and all items upon which prices are offered, in accordance with the Specifications, Terms and Conditions contained in the RFP, and all other items made a part of this RFP.

The undersigned affirms that he or she is duly authorized to execute this Proposal and that by executing this Proposal, Respondent understands, acknowledges and agrees that the Respondent's Proposal, when properly accepted by the Williamson County Commissioners Court, shall constitute a contract equally binding between the Successful Respondent and Williamson County upon selection. Respondent represents to Williamson County that Respondent has not prepared this Proposal in collusion with any other Respondent, and that the contents of this Proposal as to prices, terms or conditions have not been communicated by the undersigned nor by any employee or agent to any other Respondent or to any other person(s) engaged in this type of business prior to the official opening of this Proposal. And further, that neither the Respondent nor their employees nor agents have been for the past six (6) months directly nor indirectly concerned in any pool or agreement or combination to control the price of goods or services on, nor to influence any person to submit a Proposal or not to submit a Proposal thereon.

Westwood Pharmacy

Respondent (Entity Name)

  
Signature

5823 Patterson Avenue

Street & Mailing Address

Hunter Hoggatt

Print Name

Richmond, Virginia 23226

City, State & Zip

9/10/2014

Date Signed

(804) 288-1993

Telephone Number

(804) 288-7934

Fax Number

hunter.hoggatt@westwoodpharmacy.com

E-mail Address