

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

State of West Virginia Request for Quotation 33 — Service - Misc

Proc Folder: 666939

Doc Description: Elopement Prevention System Maintenance & Repair

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation	1 No	Version
2020-02-07	2020-02-19 13:30:00	CRFQ	0613 VNF2000000005	1

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

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WV PURCHASING
DIVISION

VENDOR

US

Vendor Name, Address and Telephone Number:

Secure Care Health Systems, Inc.

6968 Engle Road

Middleburg Hts., OH 44130

440-826-0324

FOR INFORMATION CONTACT THE BUYER

Tara Lyle

(304) 558-2544

tara.l.lyle@wv.gov

Signature X

FEIN# 34-1467639

DATE 02/14/2020

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

CHARLES BELLEVIOLE

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Veterans Nursing Facility (WV VNF) located at 1 Freedom Way, Clarksburg, WV 26301 to establish an open-end contract for maintenance, inspections, repairs and parts for the Elopement Prevention and Card Access System, per the attached documentation.

The Pricing Page, Exhibit F, must be completed and attached with the Vendor's submitted bid whether submitting an electronic bid or paper bid.

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DIVISION OF VETERANS A 1 FREEDOMS WAY	AFFAIRS	VETERAN'S NURSING FAC 1 FREEDOMS WAY	CILITY
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		us	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Elopement Prevention System maintenance				

Comm Code	Manufacturer	Specification	Model #	
92121700				

Extended Description:

Elopement Prevention System maintenance

Pricing Page, Exhibit F, must be completed and attached with submitted bid.

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<u>Line</u>	Event	Event Date
1	Technical question deadline by 2:00 pm	2020-02-12

	Document Phase	Document Description	Page 3
VNF2000000005	Final	Elopement Prevention System Maintenance	of 3
		& Repair	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION CRFQ VNF2000000005

Elopement Prevention and Card Access System Parts and Maintenance

11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Tom Giannetti					
Telephone Num	per: Office	440-826-0324			
Telephone Number: Cell 513-673-0581					
Fax Number: 440-234-3953					
Email Address:	TOM@SECURECARE-USA.COM				



6968 Engle Road, Middleburg Heights, Ohio 44130 t. 440.826.0324 f. 440.234.3953

Number TLCGQ1145

Date Feb 14, 2020

Department of Administration Purch

Tara Lyle 2019 Washington ST E Charleston, WV 25305

tara.l.lyle@wv.gov

Ship To

West Virginia Veterans Nursing Hom

Rickie Carothers Qne Freedom Way Clarksburg, WV 26301 **Your Sales Executive**

Tom Giannetti

440.826.0324

Tom@securecare-usa.com

Cell

Phone 304-558-2544

Fax

Phone 304-626-1600

Fax

Terms P.O. Number Ship Via **Quote Expires** NET 30 UPS 3/14/2020 Qty **Description & Part Number Unit Price** Ext. Price

ELOPEMENT PREVENTION SYSTEM MAINTENANCE BID

Solicitation Number CRFQ 0613 VNF2000000005

Quarterly Preventive Maintenance: parts/labor/travel--(4) time per year \$1,849.00 \$7,396.00

We will follow EXHIBIT C from the sample Servive Checklist provided

80 Corrective Maintenance: HOURLY \$85.00 \$6,800.00

20 Emergency Maintenance: HOURLY \$170.00 \$3,400.00

Estmated Parts Cost per EXHIBIT A EQUIPMENT LIST \$20,000.00 \$20,000.00

Door Controllers, Card Reader Systems, External Antennas, Power Supplies, Maglocks, Monitors, Software, Testers, Transmitters and OBSOLETE JCI Card Readers.

Bond and State Licenses \$675.00 \$675.00

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR EACH ACTIVITY INVOLVED - LIMITED ONE YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY. WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROTITS, BUSINESS, GOODWILL, OR FOR INCIDENTIAL OR COUSEQUENTIAL DARRAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING.



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Factory Authorized Distributor for:

Department of Administration Purchasing

Page 1 of 2

Qty	Description & Part Number	Unit Price	Ext. Price
be provided at cust the original invoice Systems retains a s Financing is availab	Il Terms & Conditions apply. If customer does not have terms and conditions, they will e provided at customers request. All balances which remain unpaid after 30 days from ne original invoice date, shall accrue interst at a rate of 1.5% per annum. Secure Care ystems retains a security interest in all goods until final payment has been made. Inancing is available for this project and can be financed through customers desire bank	Tax Shipping	\$38,271.00 \$0.00 \$0.00
OR Secure Care Fin direct employees ar	nancing department. All employees of Secure Care Health Systems ar nd factory trained and certified. General guidelines on scheduling ate of ACCEPTANCE standard 45 day window applies. If we can	Total	\$38,271.00

Approval Signature	Printed Name	Date	Required Deposit
			\$0.00
By signing this quote and/or issuing a PO based upon a quote, you are agreeing to all terms and conditions			Before Installation
Purchase Order #	Please Sign & Fax back to Sec 234-3953, for accepta		Office at (440)

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT FUBLISHED RATES FOR EACH ACTIVITY INVOLVED - LIMITED ONE YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY. WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, OR FOR INCIDENTIAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS ASP SEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING.

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Department of Administration Purchasing

Page 2 of 2

Exhibit F - Pricing Page CRFQ VNF2000000005

Line	ltem	Unit of Measure	# of Times per Year*	UNIT PRICE	ANNUAL PRICE
1	Preventive Maintenance: Parts/labor/travel will not be paid separately.	Quarterly	4	1,849.00	\$7,396.00 -
	ltem	Unit of Measure	Estimated Annual Hours*	UNIT PRICE	Extended Amount
2	Corrective Maintenance: Travel will not be paid separately	Hour	80	85.00	\$6,800.00 -
3	Emergency Maintenance: Travel will not be paid separately	Hour	20	170.00	\$3,400.00 -
	Estimated Parts Cost*		Markup P	ercentage	Extended Amount
4	\$20,000.00		()	0
	**************************************		OVERAL	L TOTAL COST:	\$ 37,596.00 -

*ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY

*DO NOT ALTER ESTIMATED AMOUNTS

Vendor:	Secure Care Health Systems, Inc.
Address:	6968 Engle Road Middleburg Hts., OH 44130
Phone:	440-826-0324
Email:	NICK@SECURECARE-USA.COM
Name:	NICHOLAS MIERAU
ignature:	Date: 02/14/2020

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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §81-5-3) 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: Secure Care Health Systems, Inc.	
Authorized Signature:	Date: 02/14/2020
State of Ohio	
County of Cuyahoga to-wit:	
Taken, subscribed, and sworn to before me this 14 day of February	, ₂₀ 20
My Commission explicit ARIAL Summer 20	
SUSAN SHELLS	Q1 00
AFFIX SEAL HERE NOTARY PURITARY PUBLIC	Man Grells
STATE OF OHIO Comm. Expires	Purchasing Affidavit (Revised 01/19/2018)
THE OF OF ORDINA	

REQUEST FOR QUOTATION CRFQ VNF2000000005

Elopement Prevention and Card Access System Parts and Maintenance

EXHIBIT D - VENDOR EXPERIENCE FORM

Vendor must have successfully installed and maintained ELOPEMENT PREVENTION AND CARD ACCESS SYSTEM equipment of the type, character and magnitude currently utilized by the Agency and included on Exhibits A and B on two or more occasions in the last five years. Vendor shall provide a description of the equipment (type, brand, manufacturer and size), when, where (business name, city and state), and if it was installed/maintained/or both. If maintained, specify the time period in which the Vendor maintained the equipment under "When".

Equipment	When	Where	Installed/Maintained
All Equipment from Exhibit A	2015		
West Virginia Veterans Nursing I	Facility One Freed	lom Way Cla	rksburg, WV 26301
All Equipment from Exhibit A	2000-2020		ВОТН
The Montefiore Home (Jack) 1 D	avid N. Myers Pkv	vy. Beachwo	od, OH 44122
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State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

STATE OF WEST-VIRGINIA, Ohio
COUNTY OF Cuyahoga , TO-WIT:
I, Nicholas Mierau, after being first duly sworn, depose and state as follows:
1. I am an employee of Secure Care Health Systems, Inc.
(Company Name)
2. I do hereby attest that Secure Care Health Systems, Inc.
(Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.
The above statements are sworn to under the penalty of perjury.
Printed Name: Nicholas Mierau
Signature:
Title: Service Manager
Company Name: Secure Care Health Systems, Inc.
Date: 02/14/2020
Taken, subscribed and sworn to before me this 14 day of February 2020
By Commission expires
(Seal) Susan Shells Susan Shells
SUSAN SHELLS NOTARY PUBLIC (Notary Public) STATE OF OHIO Comm. Expires 10-24-2020 Rev. July 7, 2017

Rev. July 7, 2017



30 W. Spring St. Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer 01086283

SECURE CARE HEALTH SYSTEMS, INC. 225 W WASHINGTON ROW SANDUSKY, OH 44870-2620

www.bwc.ohio.gov Issued by: BWC



Period Specified Below 07/01/2019 to 07/01/2020

Suphania 3. M. Cloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation you

You must post this language with the Certificate of Ohio Workers' Compensation.