



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header

[List View](#)

General Information

[Contact](#)[Default Values](#)[Discount](#)[Document Information](#)

Procurement Folder: 190017

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0932

Vendor ID: VC0000000167

SO Doc ID: DRS1600000004

Legal Name: INDEPENDENT LIVING AIDS LLC

Published Date: 4/12/16

Alias/DBA:

Close Date: 4/19/16

Total Bid: \$0.00

Close Time: 13:30

Response Date: 04/15/2016

Status: Closed

Response Time: 12:26

Solicitation Description: Addendum 02 - VARIOUS
MAGNIFIERS FOR THE

Total of Header Attachments: 0

Total of All Attachments: 0



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 190017

Solicitation Description : Addendum 02 - VARIOUS MAGNIFIERS FOR THE VISUALLY IMPAIRED

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-04-19 13:30:00	SR 0932 ESR04151600000004966	1

VENDOR

VC0000000167
 INDEPENDENT LIVING AIDS LLC

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature X **FEIN #** **DATE**

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	TOTAL FROM EXHIBIT A	0.00000	EA	\$17,613.320000	\$0.00

Comm Code	Manufacturer	Specification	Model #
41111713			

Extended Description :	PER THE ATTACHED SPECIFICATIONS
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Exhibit A - Pricing Page
Various Magnifiers

Item #	Item Description	Or Equal being Submitted	Or Equal Part Number	Unit of Measure	Unit Price	Estimated Qty	Extended Price
3.1.1	3X LED Stand – Mattingly MS3LED (Or Equal)		905104	EA	29.00	75	2175.00 ^{0.00}
3.1.2	3X LED Handheld – Mattingly MH3LED (Or Equal)		905209	EA	29.00	75	2175.00 ^{0.00}
3.1.3	4X LED Stand – Mattingly MS4LED (Or Equal)		905100	EA	21.00	75	1575.00 ^{0.00}
3.1.4	4X LED Handheld – Mattingly MH4LED (Or Equal)		905205	EA	17.50	75	1312.50 ^{0.00}
3.1.5	5X LED Stand – Mattingly MS5LED (Or Equal)		905105	EA	20.00	75	1500.00 ^{0.00}
3.1.6	5X LED Handheld – Mattingly MH5LED (Or Equal)		905206	EA	17.50	75	1312.50 ^{0.00}
3.1.7	6X LED Stand – Mattingly MS6LED (Or Equal)		905108	EA	20.00	50	1000.00 ^{0.00}
3.1.8	6X LED Handheld – Mattingly MH6LED (Or Equal)		905208	EA	17.50	50	875.00 ^{0.00}
3.1.9	7X LED Stand – Mattingly MS7LED (Or Equal)		905101	EA	20.00	50	1000.00 ^{0.00}
3.1.10	7X LED Handheld – Mattingly MH7LED (Or Equal)		905200	EA	17.50	100	1750.00 ^{0.00}
3.1.11	8X LED Stand – Mattingly MS8LED (Or Equal)		905102	EA	20.00	1	20.00 ^{0.00}
3.1.12	8X LED Handheld – Mattingly MH8LED (Or Equal)		905201	EA	17.50	1	17.50 ^{0.00}
3.1.13	10X LED Stand – Mattingly MS10LED (Or Equal)		905103	EA	20.00	1	20.00 ^{0.00}
3.1.14	10X LED Handheld – Mattingly MH10LED (Or Equal)		905202	EA	17.50	1	17.50 ^{0.00}
3.1.15	12X LED Stand – Mattingly MS12LED (Or Equal)		9319-30	EA	60.56	1	60.56 ^{0.00}
3.1.16	12X LED Handheld – Mattingly MH12LED (Or Equal)		905203	EA	17.50	1	17.50 ^{0.00}
3.1.17	14X LED Stand – Mattingly MS14LED (Or Equal)		9329-30	EA	67.76	1	67.76 ^{0.00}
3.1.18	14X LED Handheld – Mattingly MH14LED (Or Equal)		905204	EA	17.50	1	17.50 ^{0.00}
3.1.19	Binocular TV Glasses – Mattingly TTVDUO (Or Equal)		810234	EA	54.00	50	2700.00 ^{0.00}
						Total Bid Amount	17613.320.00

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: Independent Living Aids, LLC

Authorized Signature: [Signature] Date: 4-11-14

State of New York

County of Suffolk, to-wit:

Taken, subscribed, and sworn to before me this 11 day of April, 2014.

My Commission expires 7-15, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

ERIC W. LANGE
NOTARY PUBLIC, State of New York
Reg. No. 01LA6285904
Qualified in Suffolk County
My Commission Expires July 15, 2017

Purchasing Affidavit (Revised 08/01/2015)



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

State of West Virginia
 Request for Quotation
 20 - Household Items

Proc Folder: 190017

Doc Description: Addendum 02 - VARIOUS MAGNIFIERS FOR THE VISUALLY IMPAIRED

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-04-12	2016-04-19 13:30:00	CRFQ 0932 DRS1600000004	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
Independent Living Aids, LLC
137 Park Street
Buffalo, NY 14207
516-450-3824

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature X *Karin Danza* FEIN # *46-4142937* DATE *4-13-16*

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

ADDITIONAL INFORMATION

Addendum

Addendum No. 2 issued to publish and distribute the attached information to the vendor community.

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Division of Rehabilitation Services, Blind Services Unit, to establish an open-end contract for the provision of Various Magnifiers for the Visually Impaired.

INVOICE TO		SHIP TO	
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
NITRO	WV25143	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	TOTAL FROM EXHIBIT A	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
41111713			

Extended Description :
PER THE ATTACHED SPECIFICATIONS

SOLICITATION NUMBER: CRFQ DRS1600000004

Addendum Number: 02

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

This addendum is issued to modify the solicitation per the attached documentation and the following:

1. To modify all the item descriptions on Exhibit A - Pricing Page to add (Or Equals).
2. To correct Item Number 3.1.10 description from 7X LED Handheld - Mattingly MS7LED to 7X LED Handheld - Mattingly MH7LED (Or Equal).

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

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 type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" 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.

Independent Living Aids
Company

Karin Deuge
Authorized Signature

4-13-16
Date

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

CERTIFICATION AND SIGNATURE PAGE

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.

Independent Living Aids LLC
(Company)

Kenneth Danga - Acct Mgr
(Authorized Signature) (Representative Name, Title)

516-450-3824 631-414-7395 4-11-16
(Phone Number) (Fax Number) (Date)

REQUEST FOR QUOTATION
VARIOUS MAGNIFIERS FOR THE VISUALLY IMPAIRED

- 8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 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: Karin Danca
Telephone Number: 516-450-3824
Fax Number: 631-414-7395
Email Address: Karin@independentliving.com

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.

Independent Living Aids LLC
Company

Rahul Danga
Authorized Signature

4-11-14
Date

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



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

State of West Virginia
 Request for Quotation
 20 - Household Items

Proc Folder: 190017

Doc Description: Addendum 01 - VARIOUS MAGNIFIERS FOR THE VISUALLY IMPAIRED

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-22	2016-04-19 13:30:00	CRFQ 0932 DRS1600000004	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

*Independent Living Aids, LLC
 137 Rans Street
 Buffalo, NY 14207
 516-450-3824*

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature X

Michelle Childers

FEIN #

46-4142937

DATE

4-11-16

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

ADDITIONAL INFORMATION:

Addendum

Addendum No. 1 Issued to publish and distribute the attached information to the vendor community.

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Division of Rehabilitation Services, Blind Services Unit, to establish an open-end contract for the provision of Various Magnifiers for the Visually Impaired.

INVOICE TO		SHIP TO	
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
NITRO	WV25143	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	TOTAL FROM EXHIBIT A	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
41111713			

Extended Description :
 PER THE ATTACHED SPECIFICATIONS

DRS1600000004	Document Phase Draft	Document Description Addendum 01 - VARIOUS MAGNIFIERS FOR THE VISUALLY IMPAIRED	Page 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: DRS1600000004

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as BMS14028 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

This addendum issued to modify the solicitation per the attached documentation and the following:

1. To attach Exhibit "A" cost page as an Excel document to the header in wvOasis.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

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 |

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Independent Living Aids LLC
Company

Karen Daign
Authorized Signature

4-11-14
Date

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