



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

State of West Virginia
 Request for Quotation
 10 - Consulting

Proc Folder: 231849

Doc Description: MILITARY MEDICAL CARE LIAISON

Proc Type: Central Contract - Fixed Amt

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2016-07-05 | 2016-07-19 13:30:00 | CRFQ 0603 ADJ1700000001 | 1 |

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:

Taney Colacrosso Jr
P.O. Box 165
MONTGOMERY WV 25136
304-552-2938

FOR INFORMATION CONTACT THE BUYER

Crystal Rink
 (304) 558-2402
 crystal.g.rink@wv.gov

Signature X

Taney Colacrosso Jr

FEIN #



DATE

7 July 2016

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

ADDITIONAL INFORMATION:

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA MILITARY AUTHORITY, IS SOLICITING BIDS TO ESTABLISH A CONTRACT FOR MILITARY MEDICAL CARE LIAISON PER THE ATTACHED.

| INVOICE TO | | SHIP TO | |
|---|--------------|---|---------------|
| STATE FINANCE ADJUTANT GENERALS OFFICE 1703 COONSKIN DR | | STATE FINANCE ADJUTANT GENERALS OFFICE 1703 COONSKIN DR | |
| CHARLESTON | WV25311-1085 | CHARLESTON | WV 25311-1085 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-------------------------------|---------|------------|------------|-------------|
| 1 | MILITARY MEDICAL CARE LIAISON | 0.00000 | HOUR | \$34.66 | \$72,052.80 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 93121608 | | | |

Extended Description :
FOR SERVICES 08/01/2016 THROUGH 07/31/2017

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|--------------------------|------------|
| 1 | VENDOR QUESTION DEADLINE | 2016-07-12 |

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.

Toney Colagrosso Jr Owner
(Name, Title)
Toney Colagrosso Jr Owner
(Printed Name and Title)
P.O. Box 165 MONTGOMERY WV 25136
(Address)
(304) 552-2938
(Phone Number) / (Fax Number)
toney.colagrosso.nfg@mail.com
(email 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.

Toney Colagrosso Jr
(Company)
Toney Colagrosso Toney Colagrosso Owner
(Authorized Signature) (Representative Name, Title)
Toney Colagrosso Jr Owner
(Printed Name and Title of Authorized Representative)
7 JULY 2016
(Date)
(304) 552-2938
(Phone Number) (Fax Number)

EXHIBIT A

CRFQ ADJ1700000001

Military Medical Care Liaison Services Contract

BID FORM

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents, the specifications, and the contract deliverables, hereby proposes to provide labor and transportation to perform the services as described in the bidding documents.

BIDDERS COMPANY NAME: Towley Colacrosso Inc

VENDOR ADDRESS: P.O. Box 165
MONTCOMERY WV 25136

TELEPHONE: (304) 552-2938

FAX NUMBER: _____

E-MAIL ADDRESS: TOWLEY.Colacrosso.NFG@MVA12.MIL

CONTRACT TOTAL BID:

Vendor's Hourly Rate: \$ 34.66 x 2,080 hours = \$ 72092.80 Yearly Rate

The contract will be awarded to the Bidder with the lowest contract total bid meeting all of the specifications. Bidder understands that to the extent allowed by the West Virginia Code, the OWNER reserves the right to waive any informality or irregularity in any bid, or bids, and to reject any and all bids in whole or in part; to reject any conditions of the bid by the Bidder that is any way inconsistent with the requirements, terms, and conditions of the bidding documents; or to reject a bid that is in any way incomplete or irregular.

Failure to use this bid form may result in bid disqualification.

SIGNATURE: Towley Colacrosso Inc DATE: 7 JULY 2016

NAME: Towley Colacrosso Inc
(Please Print)

TITLE: Owner

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 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 §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: Tony Colacrosso Jr.

Authorized Signature: Tony Colacrosso Jr. Date: 7/6/2016

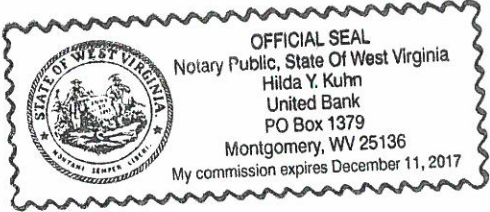
State of WV

County of Fayette, to-wit:

Taken, subscribed, and sworn to before me this 6th day of July, 2016

My Commission expires 12-11, 2017

AFFIX SEAL HERE



NOTARY PUBLIC Hilda Y. Kuhn

Offices of the Insurance Commissioner



EARL RAY TOMBLIN
Governor

MICHAEL D. RILEY
Insurance Commissioner

May 9, 2016

Toney Colagrosso
P. O. Box 165
Montgomery, WV 25136

RE: Exempt ID# WCEX16686

Dear Employer:

Your request for an extension/renewal of the opinion as to your exempt status the requirement to maintain West Virginia Workers' Compensation insurance has been received and processed. According to the information provided in your application, you have no employees who are required under West Virginia law to be provided West Virginia workers' compensation coverage. Therefore, the OIC is of the opinion, based on the information provided, that you are exempt from having to maintain West Virginia workers' compensation coverage.

This exemption opinion extension/renewal is valid until **June 25, 2017** or until circumstances change which require you to maintain workers' compensation coverage, such as acquiring employees or a business re-organization. Hiring even one (1) employee not falling within the scope of this exemption would require you to obtain coverage. If such changes occur, you must either submit another request for exemption or obtain workers' compensation coverage. Failure to obtain the mandatory coverage can result in severe penalties such as an administrative fine up to \$10,000, financial responsibility for benefits paid from the uninsured fund for any accidents and losses during periods when you are not insured, and placement on the Employer Violator System, which can result in revocation of your business license and any other licenses, permits or certificates required to do business in West Virginia. Further, be reminded that in accordance with W.Va. Code §61-3-24e(5), it is a felony to knowingly and willingly make false statements respecting any information required to be provided under the WV Workers' Compensation Act. Upon conviction, the individual shall be confined in a penitentiary for up to three years, fined up to \$10,000, or both.

Please be advised it is your responsibility to obtain a copy of proof of workers' compensation coverage or a letter of exemption from workers' compensation coverage from any independent contractor or subcontractor employed by your business. If an investigation indicates the contractor or subcontractor employed by your business has no workers' compensation coverage or a letter of exemption from workers' compensation coverage, your business could possibly be considered the employer, assigned to the Employer Violator System and fined up to \$10,000 administrative fine and responsible for any claim charges for an injury received by an employee of the contractor or subcontractor. This coverage, or exemption, validation can be found at www.wvinsurance.gov/Workers'Compensation/CoverageValidationSystem.

Please be advised that this exemption is advisory in nature and does not constitute any formal adjudication or legal conclusion as to the workers' compensation status of your company. It is based solely on the information you provided to us in your application. If the information provided in the application is incorrect, unclear or ambiguous, then this exemption may also be erroneous. It is important for anyone relying on this exemption to be aware of this. Additionally, this letter does not serve in lieu of a certificate of coverage in order to allow a prime contractor to avoid liability for employees of subcontractors under W.Va. Code §23-2-1d.

Should you find that you are in need of workers compensation coverage, you may apply for coverage from one of the approved carriers of workers compensation. A list of these carriers can be found on our website at www.wvinsurance.gov underneath the box entitled Workers Compensation found in the center of the page. If you are unable to access the website for a list of these carriers, please feel free to contact our offices at (304) 558-6279 ext. 1232

Sincerely,


Gregory L. Hughes
Employer Coverage Section
Offices of the Insurance Commissioner



TRICARE UNIVERSITY

"Sharpen your skills, improve your performance, and enrich your knowledge."



Certificate of Training

This is to certify that

Toney Colagrosso

successfully completed the **TRICARE Reserve Select Course (online)**

TRICARE Management Activity, Falls Church, Virginia

02 May 2008

Francine Forestell

Director Customer Communications Division
Communications and Customer Service
TRICARE Management Activity



Elder Granger

Major General, MC, USA
Deputy Director
TRICARE Management Activity

TRICARE UNIVERSITY

"Sharpen your skills, improve your performance, and enrich your knowledge."



Certificate of Training

This is to certify that

Toney Colagrosso

successfully completed the *TRICARE* Fundamentals Course (online)
on 29 April 2008, *TRICARE* Management Activity, Falls Church, Virginia

Francine Forestell

Director Customer Communications Division
Communications and Customer Service
TRICARE Management Activity



Elder Granger

Major General, MC, USA
Deputy Director
TRICARE Management Activity

Toney Colagrosso Jr.



OBJECTIVE:

To continue being a contractor for the West Virginia National Guard to work with Physician's offices concerning the care of military service members, military retirees and their families. Also to assist the service members, military retirees, and their families concerning their healthcare.

EXPERIENCE:

April 2008
To
Present

West Virginia National Guard Charleston, WV
Health Benefit Assistance/BCAC/Military Medical Care Liason

I worked as a Beneficiary Counseling and Assistance Coordinator (BCAC) for the West Virginia National Guard as a temporary technician. I provided briefings for military service members, retired service members and their families concerning their Tricare benefits. I assisted all personnel entitled to Tricare benefits to get enrolled in the proper Tricare program. I worked with physician offices, and hospitals concerning the proper billing of Tricare claims in order for the providers to get their proper payment of claims. I coordinate with Tricare to resolve issues of coverage and payment of claims.

January 1982
To
February 2001

West Virginia Air National Guard Charleston, WV
Health Benefit Advisor

I became a Health Benefits Advisor as an additional duty to my full time nce full time position I spent approximately 10% of my daily work attending meetings, classes, and conferences concerning Champus/Tricare updates. I assisted service members, military retirees, and their family members concerning their medical coverage. I provided information to physician concerning payments of medical bills and medical entitlements for their Champus/Tricare coverage.

April 2001
To
April 2008

West Virginia Insurance Commission Charleston WV
Credit Analyst

In addition to my full time employment as a Credit Analyst for the West Virginia Insurance Commission, I continued working as a Health Benefit Advisor without pay, answering questions and concerns for personnel entitled to Tricare benefits.

Education:

2008 Tricare University Falls Church, VA.
Certificate of Training Tricare Fundamentals Course

I successfully completed the Tricare Fundamentals Course (online) on 29 April 2008. Tricare Management Activity Falls Church Virginia. Certificate of Training Available.

2008 Tricare University Falls Church, VA
Certificate of Training Tricare Reserve Select Course

I successfully completed the Tricare Reserve Select Course (online) 2 May 2008. Tricare Management Activity, Falls Church, Virginia.

Interests:

Member of the Kimberly Church of God. Sing in a gospel group. Active with Family.

Reference:

Barbara Good
West Virginia State Medical Association Physician Practice
Advocate
Phone: (304)925-0342
Email: barbara@wvsma.org

LTC Allen Martin
WV National Guard
1703 Coonskin Drive
Charleston, WV 25311
Phone: (304)561-6422
Email: james.a.martin2@us.army.mil

Col Michael Cadle
WV Air National Guard
1679 Coonskin Drive
Charleston, WV 25311
Phone: (304)341-6139
Email: michael.cadle@ang.af.mil