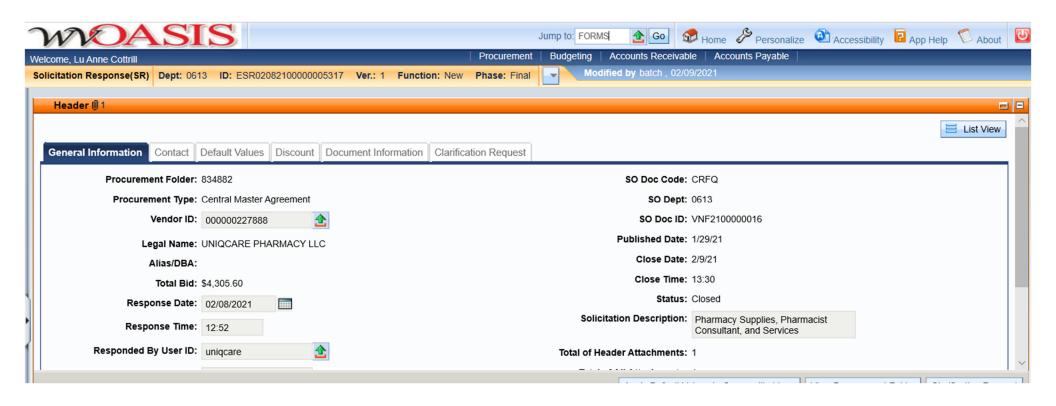
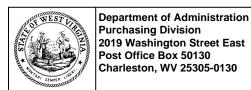


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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.





State of West Virginia Solicitation Response

Proc Folder: 834882

Solicitation Description: Pharmacy Supplies, Pharmacist Consultant, and Services

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2021-02-09 13:30
 SR 0613 ESR02082100000005317
 1

VENDOR

000000227888

UNIQCARE PHARMACY LLC

Solicitation Number: CRFQ 0613 VNF2100000016

Total Bid: 4305.600000000000363797880709 Response Date: 2021-02-08 Response Time: 12:52:51

Comments:

FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067 david.h.pauline@wv.gov

Vendor Signature X

FEIN#

DATE

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

 Date Printed:
 Feb 9, 2021
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Pharmacy Supplies, Pharmacist Consultant, 4305.60		4305.60		
	and Services				

Comm Code	Manufacturer	Specification	Model #	
51000000				

Commodity Line Comments:

Extended Description:

Pharmacy Supplies, Pharmacist Consultant, and Services

 Date Printed:
 Feb 9, 2021
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05

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.

DAVID KASEY KELLER, OWNER		
(Name, Title)		
DAVID KASEY KELLER, OWNER		
(Printed Name and Title)		
3538 TEAYS VALLEY ROAD, HURRICANE, WV 25526		
(Address) 888-698-4908/ 888-808-0795		
(Phone Number) / (Fax Number)		
(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.

UNIQCARE PHARMACY	
(Company)	
1 Own	
(Authorized Signature) (Representative Name, Title)	
DAVID KASEY KELLER, OWNER	
(Printed Name and Title of Authorized Representative)	_
02/08/2021	
(Date)	
888-698-4908/ 888-808-0795 (Phone Number) (Fax Number)	_
(1 Holle Hullioel) (Lax Hullioel)	

REQUEST FOR QUOTATION – CRFQ VNF2100000016 Pharmacy Supplies and Services

- 10.2.1 Immediate cancellation of the Contract.
- 10.2.2 Immediate cancellation of one or more release orders issued under this Contract.
- 10.2.3 Any other remedies available in law or equity.

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:	DAVID KASEY KELLER
Telephone Number:	888-698-4908
Fax Number:	888-808-0795
Email Address:	UCPFAX@OUTLOOK.COM

CRFQ VNF2100000016 EXHIBIT B - PRICING PAGE

Pharmacy Supplies, Consultant Pharmacist and Education Services

Facility and Licensed Beds (LTC)	Cost Per Licensed Bed Per Month	Total Per Month For Facility	12 months	Annual Cost For Facility
WV Veterans Nursing Facility-120 Beds	2.99	358.80	X 12	4305.60
		Overali Total	Bid Cost:	4205 60

NOTE*

For the purposes of evaluation and award, bidders must incorporate all direct and peripheral costs into a set monthly fee to be charged on a per licensed bed basis:

Vendor Name:	UNIQCARE PHARMACY
	3538 TEAYS VALLEY ROAD, HURRICANE, WV 25526
Remit to address	3538 TEAYS VALLEY ROAD, HURRICANE, WV 25526
Phone number: _	888-698-4908
Fax:	888-808-0795
E-mail :	UCPFAX@OUTLOOK.COM
Signature:	
Date:	02/08/2021