




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.



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About



Welcome, Lu Anne Cottrill

Procurement

Budgeting

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Solicitation Response(SR)

Dept: 0613


ID: ESR02082100000005317

Ver.: 1

Function: New

Phase: Final

Modified by batch , 02/09/2021

Header  1

List View

General Information

Contact

Default Values


Discount

Document Information

Clarification Request

Procurement Folder: 834882

Procurement Type: Central Master Agreement

Vendor ID: 000000227888 


Legal Name: UNIQCARE PHARMACY LLC

Alias/DBA:

Total Bid: \$4,305.60

Response Date: 02/08/2021 

Response Time: 12:52

Responded By User ID: uniqcare 

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2100000016

Published Date: 1/29/21

Close Date: 2/9/21

Close Time: 13:30

Status: Closed

Solicitation Description: Pharmacy Supplies, Pharmacist Consultant, and Services

Total of Header Attachments: 1



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

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

|                    |              |             |
|--------------------|--------------|-------------|
| <b>Vendor</b>      |              |             |
| <b>Signature X</b> | <b>FEIN#</b> | <b>DATE</b> |

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    | Pharmacy Supplies, Pharmacist Consultant, and Services |     |            |            | 4305.60                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 51000000  |              |               |         |

Commodity Line Comments:


Extended Description:

Pharmacy Supplies, Pharmacist Consultant, and Services

**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)  
\_\_\_\_\_  
UCPFAX@OUTLOOK.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.

\_\_\_\_\_  
UNIQCARE PHARMACY  
(Company)  
\_\_\_\_\_  
 Owner  
(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)

REQUEST FOR QUOTATION – CRFQ VNF2100000016  
Pharmacy Supplies and Services

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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                  |
|                                       |                                 |                              |           |                          |
|                                       |                                 | Overall Total Bid Cost:      |           |                          |
|                                       |                                 |                              |           | <del>4305.60</del>       |

**\*\*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

Vendor address: 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