



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

General Information

[Contact](#)
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[Document Information](#)

Procurement Folder: 181508

Procurement Type: Central Master Agreement

Vendor ID: VC0000000167



Legal Name: INDEPENDENT LIVING AIDS LLC

Alias/DBA:

Total Bid: \$0.00

Response Date: 04/06/2016



Response Time: 8:53

SO Doc Code: CRFQ

SO Dept: 0932

SO Doc ID: DRS1600000002

Published Date: 3/10/16

Close Date: 4/7/16

Close Time: 13:30

Status: Closed

Solicitation Description: VARIOUS ADAPTIVE AIDS



Total of Header Attachments: 0

Total of All Attachments: 0



State of West Virginia Solicitation Response

Solicitation Description : VARIOUS ADAPTIVE AIDS

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-04-07 13:30:00	SR 0932 ESR04061600000004687	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	GRAND TOTAL FROM PRICING PAGE, EXHIBIT A	0.00000	EA	\$36,912.750000	\$0.00

Comm Code	Manufacturer	Specification	Model #
42210000			

Extended Description :	VENDOR IS TO USE EXHIBIT A PRICING PAGE, THAT IS A PART OF THE SOLICITATION DOCUMENTS, TO CAPTURE AND SUBMIT PRICING WITH VENDOR'S SUBMITTED BID RESPONSE.
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Exhibit "A"
Pricing Page

ADAPTIVE AIDS REQUEST FOR QUOTE

Item	Description of Item	or Equal Brand being Submitted	Or Equal Part Number	Unit of Measure	Unit Price	Estimated Quantity	Extended Price
3.1.1	Large Print Address Books		430980	each	11.25	125	1406.25
3.1.2	Talking Cube Alarm Clock		756007	each	45.00	60	2700.00
3.1.3	Talking Pyramid Alarm Clock		756242	each	10.00	125	1250.00
3.1.4	Blood Pressure Wrist Talking Monitor		MED114	each	47.00	50	2350.00
3.1.5	Blood Pressure Arm Talking Monitor		MED112	each	62.00	50	3100.00
3.1.6	Small Round, Clear Bump Dots		730100	per dot	.08	2,500	200.00
3.1.7	Fluorescent Orange, Small, Round Bump Dots		730106	per dot	.08	2,400	192.00
3.1.8	Big Print Check Register		430960	each	5.60	125	700.00
3.1.9	Cutting Board		356748	each	8.00	125	1000.00
3.1.10	Jumbo Print Calendars (Applicable Year At Time of Order)		435153 2016	each	5.85	360	2106.00
3.1.11	Desktop Talking Calculator		276967	each	14.00	50	700.00

Exhibit "A"
Pricing Page

ADAPTIVE AIDS REQUEST FOR QUOTE

Item	Description of Item	or Equal Brand being Submitted	Or Equal Part Number	Unit of Measure	Unit Price	Estimated Quantity	Extended Price
3.1.12	Check Writing Guide		715357	each	4.00	50	200.00
3.1.13	Letter Writing Guide		435288	each	2.63	25	65.75
3.1.14	Envelope Writing Guide		291355	each	1.00	25	25.00
3.1.15	Signature Writing Guide		692222	each	.35	25	8.75
3.1.16	Magnifying LED Desk Lamp		361040	each	39.95	50	1997.50
3.1.17	Cordless Touch Lamp		369249	each	76.76	50	3838.00
3.1.18	Liquid Level Indicator		754963	each	7.00	125	87.50
3.1.19	Low Vision Notebook		430735	each	12.00	50	600.00
3.1.20	Large Print Measuring Cup and Spoon Set		185566 185567	each	6.12	125	765.00
3.1.21	Large Compartment 7 Day Pill Dispenser		553480	each	5.00	100	500.00
3.1.22	7X Magnification Mirror		456108	each	6.50	50	325.00

Exhibit "A"
Pricing Page

ADAPTIVE AIDS REQUEST FOR QUOTE

Item	Description of Item	or Equal Brand being Submitted	Or Equal Part Number	Unit of Measure	Unit Price	Estimated Quantity	Extended Price
3.1.23	Oven Mitts (Single, Not Pair)		318311	each	3.45	125	431.25
3.1.24	White with Black Lines Bold Lined Paper (100 page pad)		671999	per 100 page pad	2.39	50	119.50
3.1.25	Yellow with Black Lines Bold Lined Paper (100 page pad)		671777	per 100 page pad	5.00	50	250.00
3.1.26	PaperMate 20/20 Pens, Or Equal		811210	each	.60	300	180.00
3.1.27	Reizen Big Button Phone, Or Equal		186254	each	13.00	125	162.50
3.1.28	Wide Platform Talking Scales		756849	each	47.96	5	239.80
3.1.29	Shopping List Paper (100 page pad)		421080	per 100 page pad	2.45	5	12.25
3.1.30	Double Spatula Tongs		267844	each	8.46	125	1057.50
3.1.31	Syringe Magnifier		454501	each	4.76	20	95.20
3.1.32	Talking Medical Thermometer		756231	each	10.00	5	50.00
3.1.33	White with Black Numbers Timer		790791	each	13.97	125	1746.25

Exhibit "A"
Pricing Page

ADAPTIVE AIDS REQUEST FOR QUOTE

Item	Description of Item	or Equal Brand being Submitted	Or Equal Part Number	Unit of Measure	Unit Price	Estimated Quantity	Extended Price
3.1.34	Black with White Numbers Timer		421133	each	16.95	125	2118.75
3.1.35	Turbo Ear, Or Equal		617769	each	11.95	50	597.50
3.1.36	Hands Free Magnifying Lamp		369055	each	48.71	50	2435.50
3.1.37	Men's Folding Money Organizer Wallet		432476	each	14.00	50	700.00
3.1.38	Women's Money Organizer Wallet, Red		432443	each	16.00	50	800.00
3.1.39	Women's Money Organizer Wallet, Black		060290	each	16.00	50	800.00
3.1.40	Unisex Talking Watch, Leather Band		756954 LEA	each	10.00	50	500.00
3.1.41	Unisex Talking Watch, Metal Extension Band		756954 EXP	each	10.00	50	500.00
				TOTAL BID AMOUNT			36912.75

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: Rabia Raza Date: _____

State of New York

County of Suffolk, to-wit:

Taken, subscribed, and sworn to before me this 16 day of March, 2016.

My Commission expires September 23, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC

MARGARET A. BECKER
Notary Public, State of New York
No. 01BE6289084
Qualified in Suffolk County
Commission Expires September 23, 2017

Margaret A. Becker
Purchasing Affidavit (Revised 08/01/2015)

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)

Renee Danga - Asst Manager
(Authorized Signature) (Representative Name, Title)

316-450-3824 - 631-414-7395
(Phone Number) (Fax Number) (Date)

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)

☐ Addendum No. 1

☐ Addendum No. 6

☐ Addendum No. 2

☐ Addendum No. 7

☐ Addendum No. 3

☐ Addendum No. 8

☐ Addendum No. 4

☐ Addendum No. 9

☐ Addendum No. 5

☐ 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

Rama Danga
Authorized Signature

4-6-14
Date

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