

Purchasing Divison 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 CRFQ 0603 ADJ1700000001 1 13:30:00

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

VENDOR

US

Vendor Name, Address and Telephone Number:

P.D. BOX 165

MONTERMENT WI 25/36

304-532-2938

FOR INFORMATION CONTACT THE BUYER

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

DATE 7 JULY 2016

All offers subject to auterms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

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	ENDONE DE L'EXPERT DE L'ANDRE DE	SHIP TO	
STATE FINANCE ADJUTANT GENERALS C 1703 COONSKIN DR	PFFICE	STATE FINANCE ADJUTANT GENERALS O 1703 COONSKIN DR	OFFICE
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	\$72,052.84

Manufacturer	Specification	Model #	
		model #	
	Manufacturer	Manufacturer Specification	Manufacturer Specification Model #

Extended Description:

FOR SERVICES 08/01/2016 THROUGH 07/31/2017

SCHEDULE	OF EVENTS		Addition
<u>Line</u>	Event	Event Date	growing self-se
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.

| Toley | Colores SO | Toley |
| (Name, Title) |
| Toley | Colores SO | Toley |
| (Printed Name and Title) |
| Pol Box 165 | Montrower |
| (Address) |
| (Phone Number) / (Fax Number) |
| (email address) |
| (Phone Number) / (Fax Number) |
| (email address) |
| (Extification 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 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.

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.

VENDOR ADDRESS: P.O. Box 165 MONTCOMERY WW 25/36
TELEPHONE: (304) 552-2938 FAX NUMBER: E-MAIL ADDRESS: TOWRY - COLAGROSSO, NF-G- WISIE, MILL
CONTRACT TOTAL BID: Vendor's Hourly Rate: \$ 34.66 x 2,080 hours = \$ 72.092,80 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: Toney Colocado DATE: 7 JULY 2056 NAME: Towey Colocado July (Please Print)
TITLE: OWNER

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1.	Application is made for 2.5% vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
	Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or.
	Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2.	Application is made for 2.5% vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. —	Application is made for 2.5% vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4.	Application is made for 5% vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5.	Application is made for 3.5% vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6.	Application is made for 3.5% vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7.	Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules. Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
against s	nderstands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the tents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency ted from any unpaid balance on the contract or purchase order.
By submi authorize the requir	ission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and is the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid red business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and acce	enalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true urate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
Bidder:_	Today Colocesso Je Signed: Toney Clopus
Date:	7 JULY 2016 Tille O. V.

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: Tolley Coloceous Jn.
Authorized Signature: Toney Clause Date: 7/6/2016
State of WUL
County of <u>Fuyette</u> , to-wit:
Taken, subscribed, and sworn to before me this before of
My Commission expires 12 , 20 7
AFFIX SEAL HERE OFFICIAL SEAL OFFICIAL SEAL Purchasing Afficial Co. 1
Notary Public, State Of West Virginia Hilda Y. Kuhn Purchasing Affidavit (Revised 07/01/2012)

United Bank PO Box 1379 Montgomery, WV 25136 My commission expires December 11, 2017

STATE OF WEST VIRGINIA



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

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TRICARE UNIVERSITY



"Tharpen year callle, laberer par performance, and enrich our 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

francisc e. fundell

Francine Forestell

Director Customer Communications Division Communications and Customer Service TRICARE Management Activity

Elle 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

francise e. familiel

Francine Forestell

Director Customer Communications Division Communications and Customer Service TRICARE Management Activity 粉彩

Eller 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 Health Benefit Advisor Charleston, WV

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

West Virginia Insurance Commission

Charleston WV

To

Credit Analyst

April 2008

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