



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

State of West Virginia  
 Request for Quotation  
 33 — Service - Misc

Proc Folder: 666939

Doc Description: Elopement Prevention System Maintenance & Repair

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-02-07	2020-02-19 13:30:00	CRFQ 0613 VNF2000000005	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

RECEIVED

2020 FEB 19 AM 9:56

WV PURCHASING  
 DIVISION

**VENDOR**

Vendor Name, Address and Telephone Number:

Secure Care Health Systems, Inc.  
 6968 Engle Road  
 Middleburg Hts., OH 44130  
 440-826-0324

**FOR INFORMATION CONTACT THE BUYER**

Tara Lyle  
 (304) 558-2544  
 tara.l.yyle@wv.gov

Signature X

FEIN # 34-1467639

DATE 02/14/2020

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

**ADDITIONAL INFORMATION**

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Veterans Nursing Facility (WV VNF) located at 1 Freedom Way, Clarksburg, WV 26301 to establish an open-end contract for maintenance, inspections, repairs and parts for the Elopement Prevention and Card Access System, per the attached documentation.

The Pricing Page, Exhibit F, must be completed and attached with the Vendor's submitted bid whether submitting an electronic bid or paper bid.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Elopement Prevention System maintenance				

Comm Code	Manufacturer	Specification	Model #
92121700			

**Extended Description :**

Elopement Prevention System maintenance

Pricing Page, Exhibit F, must be completed and attached with submitted bid.

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Technical question deadline by 2:00 pm	2020-02-12

VNF200000005	<b>Document Phase</b> Final	<b>Document Description</b> Elopement Prevention System Maintenance & Repair	<b>Page 3</b> of 3
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION

CRFQ VNF200000005

Elopement Prevention and Card Access System Parts and Maintenance

**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:** Tom Giannetti

**Telephone Number: Office** 440-826-0324

**Telephone Number: Cell** 513-673-0581

**Fax Number:** 440-234-3953

**Email Address:** TOM@SECURECARE-USA.COM



6968 Engle Road, Middleburg Heights, Ohio 44130  
 t. 440.826.0324 f. 440.234.3953

# QUOTE

Number TLGGQ1145

Date Feb 14, 2020

Sold To	Ship To	Your Sales Executive
<b>Department of Administration Purch</b> Tara Lyle 2019 Washington ST E Charleston, WV 25305 tara.l.yyle@wv.gov  <b>Cell</b> <b>Phone</b> 304-558-2544 <b>Fax</b>	<b>West Virginia Veterans Nursing Hom</b> Rickie Carothers One Freedom Way Clarksburg, WV 26301  <b>Phone</b> 304-626-1600 <b>Fax</b>	<b>Tom Giannetti</b>  440.826.0324  Tom@securecare-usa.com

Terms	P.O. Number	Ship Via	Quote Expires
NET 30		UPS	3/14/2020

Qty	Description & Part Number	Unit Price	Ext. Price
<i>ELOPEMENT PREVENTION SYSTEM MAINTENANCE BID</i>			
<i>Solicitation Number CRFQ 0613 VNF2000000005</i>			
4	Quarterly Preventive Maintenance: parts/labor/travel--(4) time per year  <i>We will follow EXHIBIT C from the sample Service Checklist provided</i>	\$1,849.00	\$7,396.00
80	Corrective Maintenance: HOURLY	\$85.00	\$6,800.00
20	Emergency Maintenance: HOURLY	\$170.00	\$3,400.00
1	Estimated Parts Cost per EXHIBIT A EQUIPMENT LIST  <i>Door Controllers, Card Reader Systems, External Antennas, Power Supplies, Maglocks, Monitors, Software, Testers, Transmitters and OBSOLETE JCI Card Readers.</i>	\$20,000.00	\$20,000.00
1	Bond and State Licenses	\$675.00	\$675.00

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR EACH ACTIVITY INVOLVED - LIMITED ONE YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY. WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, OR FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING.

Factory Authorized Distributor for:



Qty	Description & Part Number	Unit Price	Ext. Price
All Terms & Conditions apply. If customer does not have terms and conditions, they will be provided at customers request. All balances which remain unpaid after 30 days from the original invoice date, shall accrue interest at a rate of 1.5% per annum. Secure Care Systems retains a security interest in all goods until final payment has been made. Financing is available for this project and can be financed through customers desire bank OR Secure Care Financing department. All employees of Secure Care Health Systems are direct employees and factory trained and certified. General guidelines on scheduling installation from date of ACCEPTANCE standard 45 day window applies. If we can accommodate earlier request we will.		<b>SubTotal</b>	\$38,271.00
		<b>Tax</b>	\$0.00
		<b>Shipping</b>	\$0.00
		<b>Total</b>	<b>\$38,271.00</b>

Approval Signature	Printed Name	Date	Required Deposit
			<b>\$0.00</b>

By signing this quote and/or issuing a PO based upon a quote, you are agreeing to all terms and conditions

Before Installation

**Purchase Order #**

**Please Sign & Fax back to Secure Care Office at (440) 234-3953, for acceptance & scheduling.**

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR EACH ACTIVITY INVOLVED - LIMITED ONE YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY. WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, OR FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FEE WITH ORIGINAL PACKAGING.



**Factory Authorized Distributor for:**

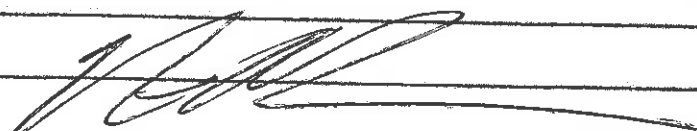


Exhibit F - Pricing Page  
CRFQ VNF2000000005

Line	Item	Unit of Measure	# of Times per Year*	UNIT PRICE	ANNUAL PRICE
1	<b>Preventive Maintenance:</b> Parts/labor/travel will not be paid separately.	Quarterly	4	1,849.00	\$7,396.00 -
	<b>Item</b>	<b>Unit of Measure</b>	<b>Estimated Annual Hours*</b>	<b>UNIT PRICE</b>	<b>Extended Amount</b>
2	<b>Corrective Maintenance:</b> Travel will not be paid separately	Hour	80	85.00	\$6,800.00 -
3	<b>Emergency Maintenance:</b> Travel will not be paid separately	Hour	20	170.00	\$3,400.00 -
	<b>Estimated Parts Cost*</b>		<b>Markup Percentage</b>		<b>Extended Amount</b>
4	\$20,000.00		0		0
<b>OVERALL TOTAL COST:</b>					<b>\$ 37,596.00 -</b>

**\*ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY.**

**\*DO NOT ALTER ESTIMATED AMOUNTS**

Vendor:	Secure Care Health Systems, Inc.		
Address:	6968 Engle Road Middleburg Hts., OH 44130		
Phone:	440-826-0324		
Email:	NICK@SECURECARE-USA.COM		
Name:	NICHOLAS MIERAU		
Signature:		Date:	02/14/2020

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Secure Care Health Systems, Inc.

Authorized Signature: 

Date: 02/14/2020

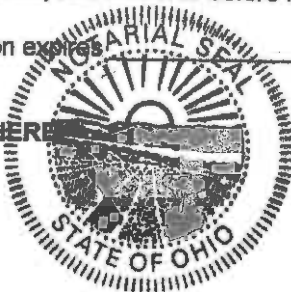
State of Ohio

County of Cuyahoga, to-wit:

Taken, subscribed, and sworn to before me this 14 day of February, 2020.

My Commission expires \_\_\_\_\_, 20    .

AFFIX SEAL HERE



SUSAN SHELLS  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
10-24-2020









**State of West Virginia**  
**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT**  
**West Virginia Code §21-1D-5**

~~STATE OF WEST VIRGINIA~~, Ohio

COUNTY OF Cuyahoga, TO-WIT:

I, Nicholas Mierau, after being first duly sworn, depose and state as follows:

- I am an employee of Secure Care Health Systems, Inc.; and,  
(Company Name)
- I do hereby attest that Secure Care Health Systems, Inc.  
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Nicholas Mierau

Signature:

Title: Service Manager

Company Name: Secure Care Health Systems, Inc.

Date: 02/14/2020

Taken, subscribed and sworn to before me this 14 day of February, 2020

By Commission expires \_\_\_\_\_

(Seal)



SUSAN SHELLS  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
10-24-2020

(Notary Public)

**Ohio**

**Bureau of Workers'  
Compensation**

30 W. Spring St.  
Columbus, OH 43215

**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer  
01086283

Period Specified Below  
07/01/2019 to 07/01/2020

SECURE CARE HEALTH SYSTEMS, INC.  
225 W WASHINGTON ROW  
SANDUSKY, OH 44870-2620



[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
Issued by: BWC

*Stephen B. McCloud*  
Administrator/CEO

You can reproduce this certificate as needed.

**Ohio Bureau of Workers' Compensation**

**Required Posting**

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

**Ohio**

**Bureau of Workers'  
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.