



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

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

RECEIVED

2020 APR 16 AM 10:16

Proc Folder: 703039

Doc Description: Elopement Prevention System Maintenance & Repair

Proc Type: Central Master Agreement

WV PURCHASING
 DIVISION

Date Issued	Solicitation Closes	Solicitation No	Version
2020-04-02	2020-04-16 13:30:00	CRFQ 0613 VNF2000000008	1

BID RECEIVING LOCATION

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

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.yle@wv.gov

Signature X

FEIN # 34-1467639

DATE 04/15/2020

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.

PLEASE NOTE: SEE SECTION 7 - REQUIRED DOCUMENTS IN THE GENERAL TERMS AND CONDITIONS PORTION OF THE CRFQ. A BID BOND, PERFORMANCE AND LABOR/MATERIAL BONDS ARE REQUIRED FOR THIS PROJECT.

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	2020-04-07

VNF2000000008	Document Phase Final	Document Description Elopement Prevention System Maintenance & Repair	Page 3 of 3
----------------------	--------------------------------	--	------------------------------

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION
CRFQ VNF2000000008
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 TLGGQ1165

Date Apr 15, 2020

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

Terms	P.O. Number	Ship Via	Quote Expires
NET 30		UPS	5/15/2020

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	\$1,849.00	\$7,396.00
<i>We will follow EXHIBIT C from the sample Service Checklist provided</i>			
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	\$20,000.00	\$20,000.00
<i>Door Controllers, Card Reader Systems, External Antennas, Power Supplies, Maglocks, Monitors, Software, Testers, Transmitters and OBSOLETE JCI Card Readers.</i>			
1	Bond and State Licenses	\$875.00	\$875.00

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.



Created on 04/15/20 18:00:07

Factory Authorized Distributor for:



Department of Administration Purchasing



Page 1 of 2

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.		SubTotal	\$38,471.00
		Tax	\$0.00
		Shipping	\$0.00
		Total	\$38,471.00

Approval Signature	Printed Name	Date	Required Deposit
			\$0.00
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.



Created on 04/15/20 18:00:07

Factory Authorized Distributor for:



Department of Administration Purchasing




Page 2 of 2

Exhibit F - Pricing Page
CRFQ VNF2000000008

Line	Item	Unit of Measure	# of Times per Year*	UNIT PRICE	ANNUAL PRICE
1	Preventive Maintenance: Parts/labor/travel will not be paid separately.	Quarterly	4	\$1,849.00	\$ 7,396.00 -
	Item	Unit of Measure	Estimated Annual Hours*	UNIT PRICE	Extended Amount
2	Corrective Maintenance: Travel will not be paid separately	Hour	80	\$85.00	\$ 6,800.00 -
3	Emergency Maintenance: Travel will not be paid separately	Hour	20	\$170.00	\$ 3,400.00 -
	Estimated Parts Cost*		Markup Percentage		Extended Amount
4	\$20,000.00 + \$875.00 (bond/license)				\$20,875.00
OVERALL TOTAL COST:					\$38,471.00 -

***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:	04/15/2020

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: 04/15/2020

State of Ohio

County of Cuyahoga, to-wit:

Taken, subscribed, and sworn to before me this 15 day of April, 2020.

My Commission expires _____, 20____.



AFFIX SEAL HERE

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

Susan Shells



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: 04/15/2020

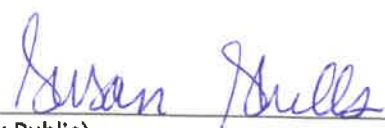
Taken, subscribed and sworn to before me this 15 day of April, 2020

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, 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
Issued by: BWC

Stephanie 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, marihuana 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, marihuana 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.



Bond Number 2434770

Bid Bond

KNOW ALL BY THESE PRESENTS, That We, Secure Care Health Systems, Inc. as Principal, and WEST BEND MUTUAL INSURANCE COMPANY, a corporation organized under the laws of the State of Wisconsin and having its principal office in Middleton, Wisconsin, in said State, as Surety, are held and firmly bound unto West Virginia Purchasing Division as Owner, in the full and just sum of Five Percent (5 %) of amount bid for the payment whereof said Principal binds its heirs, administrators, and executors and said Surety binds itself, its successors and assigns firmly by these presents

WHEREAS, said Principal has submitted to said Owner a bid or proposal for Elopement Prevention System Maintenance & Repair, Veteran's Nursing Facility, Clarksburg, WV

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if within Sixty days hereof and in accordance with said proposal a contract shall be awarded to said Principal and the said Principal shall enter into a contract for said work and shall furnish bond with surety as required for its faithful performance then this obligation shall be void, otherwise remain in full force and virtue.

Signed and Sealed this 16 day of April, 2020



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

Principal:
Secure Care Health Systems, Inc.
By: [Signature] (SEAL)
Name Typed: HARVEY MACIVOR PRESIDENT
Title

Witness: [Signature: Susan Shells]

Surety:
West Bend Mutual Insurance Company
By: [Signature] (SEAL)
Name Typed: ROBERT BELGRAVE, Attorney-In-Fact
Title

Witness: [Signature: Robert Belgrave]

Agency Name: COMMERCIAL RISK INSURANCE LLC
Address: 11351 PEARL RD., STE 201
STRONGSVILLE, OH 44136
Phone Number: (440) 372-5803

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

ROBERT BELGRAVE

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of:
Ten Million Dollars (\$10,000,000)

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 22nd day of September, 2017.

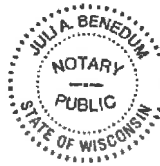
Attest Christopher C. Zwygart
Christopher C. Zwygart
Secretary



Kevin A. Steiner
Kevin A. Steiner
Chief Executive Officer/President

State of Wisconsin
County of Washington

On the 22nd day of September, 2017, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Juli A. Benedum
Juli A. Benedum
Senior Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 16th day of April, 2020.



Heather A. Dunn
Heather Dunn
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.

