04/15/2020 22:59

4402343953

SECURE CARE SYSTEMS

SECURE CARE SYSTEMS 6968 ENGLE ROAD MIDDLEBURG HTS., OH 44130-3420 OFFICE: 440-826-0324

FAX: 440-234-3953

FAX TRANSMISSION COVER PAGE

DATE:

04/16/20

OF PAGES INCLUDING COVER PAGE:

15

TO:

TARA LYLE, BUYER SUPERVISOR

FAX #:

(304) 558-3970

FROM:

SUSAN

SUBJECT: SEALED BID: ELOPEMENT PREVENTION SYSTEM MAINTENANCE

BUYER: TARA LYLE, BUYER SUPERVISOR - DEPARTMENT OF ADMINISTRATION DIVISION

SOLICITATION #: CRFQ 0613 VNF2000000008

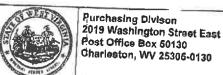
BID OPENING DATE: 04/16/2020 BID OPENING TIME: 13:30:00 FAX NUMBER: 304-558-3970

04/15/2020

22:59

4402343953

SECURE CARE SYSTEMS



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

Proc Folder: 703039

Doc Description: Elopement Prevention System Maintenance & Repair

Proo Type: Central Master Agreement

Solicitation No	
CPEO 2010 1 DIFFERENCE	Version
ONFO 0813 VNF2000000008	1
-	CRFQ 0613 VNF200000008

ENDREDAKING LOW TOWN

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

US

WV

25305

Neveola : Second 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.i.iyle@wv.gov

Signature X

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

FEIN# 34-1467639

DATE 04/15/2020

Apr 16 2020 12:17pm

04/15/2020 22:59 4402343953

SECURE CARE SYSTEMS

03/15

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 BI BOND, PERFORMANCE AND LABOR/MATERIAL BONDS ARE REQUIRED FOR THIS PROJECT.

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

Line	Comm Ln Desc	Qty	44-44		
1	Elopement Prevention System maintenance	- Aug	Unit (saue	Unit Price	Total Price
omm Co		,	4.1		
JOHIIII CO	de Manufacturer	Special	and		

		Manufacturer	omm Code
Model #	Specification	77121	121700
110001 #F			21700
 MOGB! #			2121700

Extended Description:

Elopement Prevention System maintenance

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

SCHEDULE		From C.	-
<u>Line</u> 1		Event Date	(1)
	Technical question deadline by 2:00 pm	2020-04-07	

Received: 4402343953

Apr 16 2020 12:17pm

P004

04/15/2020 22:59

VNF2000000008

4402343953

SECURE CARE SYSTEMS

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

ADDITIONAL TERMS AND CONDITIONS

Seciattached document(s) for additional Terms and Conditions

P005

04/15/2020 22:59

4402343953

SECURE CARE SYSTEMS

PAGE 05/15

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	r: Office 440-826-0324
Telephone Number	r: Cell 513-673-0581
Fax Number: 440	0-234-3953
Email Address:	TOM@SECURECARE-USA.COM

West Virginia Veterans Nursing Hom

04/15/2020 22:59 4402343953 SECURE CARE SYSTEMS



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

QUOTE

TLCGQ1165 Number

Date Apr 15, 2020

Tom Glannetti

mos.sau-araserusea@moT

440.826.0324

Sold To

Qty

Department of Administration Purch Tara Lyle 2019 Washington ST E

Charleston, WV 25305 tara.l.lyle@wv.gov

Cell

Phone 304-558-2544

Phone 304-626-1600 Fax

Rickle Carothers

Qne Freedom Way

Clarksburg, WV 26301

Torms NET 30

P.O. Number

Description & Part Number

Ship To

Ship Via UPS

Quote Expires 5/15/2020

Your Sales Executive

Unit Price Ext. Price :

ELOPEMENT PREVENTION SYSTEM MAINTENANCE BID

Solicitation Number CRFQ 0613 VNF2000000005

Quarterly Preventive Maintenance: parts/labor/travel--(4) time per year We will follow EXHIBIT C from the sample Servive Checklist provided

80 Corrective Maintenance: HOURLY

Emergency Maintenance: HOURLY 20

Estmated Parts Cost per EXHIBIT A EQUIPMENT LIST

Door Controllers, Card Reader Systems, External Antennas, Power Supplies, Magiocks . Monitors, Software, Testors, Transmitters and OBSOLETE JCI Card Readers.

Bond and State Licenses

\$875.00

\$1,849.00

\$85.00

\$170.00

\$20,000.00

\$875.00

\$7,396.00

\$6,800.00

\$3,400.00

\$20,000.00

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE. ALL DILIVERY, YMAINING OR COMMUTTHS SERVICES TO BE BILLED AT PUBLISHED BATES FOR EACH ACTIVITY INVOLVED. CHARGE ON YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY. WE STALL NOT DE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOGDWILL, OR FOR HIGHDENTIAL OR COMPROMENTAL DADAGES RELATED TO THIS AGRECUMENT. MINIBUR 1998 RESPONENTIAL PROCESSING.



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

Pactory Authorized Distributor for:

Department of Administration Purchasing



Page 1 of 2

P007

04/15/2020 22:59

4402343953

SECURE CARE SYSTEMS

PAGE 6

Qty	(1)	Description & Part Number	libration made	
Ail Terms &	Conditions and	Dly If queliance d	Unit Price	Ext. Price
the original	invoice date el	ply. If customer does not have terms and conditions, they will request. All balances which remain unpaid after 30 days from hall accrue interst at a rate of 1.5% per annum. Secure Care	SubTotal	\$38,471.00
Systems ret	ains a security	Interest in all goods until final payment has been made.	Tax	\$0.00
OR Secure C	are Financino	department All the imanced through customers desire bank	Shipping	\$0.00
installation f	rom date of AC e earlier reque	CEPTANCE etandard of delicial guidelines on scheduling	Total	\$38,471.00

Approval Signature	Printed Name	Date	Required Deposit
By clause the con-			\$0.00
By slyning this quote and/or leading a 20 based upon a g	sucts, you are agreeing to all terms and conditions		Sefore Installation
	Pieaso Sign & Fax back to Sec 234-3953, for accepta	cure Care nce & sch	Office at (440) eduling.

PRICES SUDJECT (I) CHANGE - PRICES RASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR BACH ACTIVITY INVOLVED - CHARGE ONLY YEAR WARRAFTY, COVERING PARTS FOR HARDWARD ONLY, VESTIALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, DUSINGER, GOODWILL, OR FOR INCIDENTIAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEMENT. INHIMUM 12% RESTOCKING FEE WITH ORIGINAL PACKAGING.

Factory Authorized Distributor for:



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

VANCARE
We move bady and mand

Re care

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 P	ercentage	Extended Amount
4	\$20,000.00 + \$875.00 (bond/license)		\$20,875.00		
	*ALL ORDER QUANTITIES ARE ESTIMATE		OVERALI	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 MERAU
ignature:	flait 11
-	Date: 04/15/2020

SECURE CARE SYSTEMS

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

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

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 vender 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 vender has entered into a payment plan or agreement and the vender is not in default of any of the **PEFINITIONS:**

"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

"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, fallure to maintain mandatory workers' compensation coverage, or fallure 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

"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: (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

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Secure Care Health Systems, Inc.	
Authorized Signature:	04/45/0000
State of Ohio	Date: 04/15/2020
County of Cuyahoga to-wit:	
Taken, subscribed, and sworn to before me this 15 day of April	2020
My Commission annihis litting 20	, 20
SUSAN SUELLS	0.
NOTARY PUBLICOTARY PUBLIC	Man Miella
STATE OF OHIO Comm. Expires 10-24-2020	Purchasing Affidavit (Ravised 01/19/2018)
10-24-2020	(Taridad 01/13/2018)

SECURE CARE SYSTEMS

PAGE 10/15

REQUEST FOR QUOTATION CRFQ VNF2000000008

Elopement Prevention and Card Access System Parts and Maintenance

EXHIBIT D - VENDOR EXPERIENCE FORM

Vendor must have successfully installed and maintained ELOPEMENT PREVENTION AND CARD ACCESS SYSTEM equipment of the type, character and magnitude currently utilized by the Agency and included on Exhibits A and B on two or more occasions in the last five years. Vendor shall provide a description of the equipment (type, brand, manufacturer and size), when, where (business name, city and state), and if it was installed/maintained/or both. If maintained, specify the time period in which the Vendor maintained the equipment under "When".

Equipment	When	Where	Installed/Maintained
All Equipment from Exhibit A	2015		TAME TO A TO
West Virginia Veterans Nursing F	acility One Freed	om Way Cla	rksburg, WV 26301
			A training at training at training and training at tra
All Equipment from Exhibit A	2000-2020	4 ************************************	BOTH
The Montefiore Home (Jack)	1 David N. Myers	Pkwy. Beacl	wood, OH 44122
	191 h	64 F	
		19 Maria	77 3-14 196 5
10 de 10	1 Albania de Carlos (1944) (1921 / 19	7.400 M	and the second s
7 (dd) 7 (73 500,00		188
	Ma	1834	100 (tab
	74456-455	- African - Afri	
37-0 36-0	W		and the second s
		W. F. S.	- <u> </u>
To the state of th	A-64-4	Wa	1/- 1 1
TI VI)16		
	And the second s	7949	3 T
		700, 11	