



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 4

[List View](#)

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 722322

Procurement Type: Central Master Agreement

Vendor ID: VC0000000167

Legal Name: INDEPENDENT LIVING AIDS LLC

Alias/DBA:

Total Bid: \$0.00

Response Date: 05/22/2020

Response Time: 9:59

SO Doc Code: CRFQ

SO Dept: 0932

SO Doc ID: DRS2000000003

Published Date: 5/14/20

Close Date: 5/28/20

Close Time: 13:30

Status: Closed

Solicitation Description: VARIOUS ADAPTIVE AIDS

Total of Header Attachments: 4

Total of All Attachments: 4



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 722322
Solicitation Description : VARIOUS ADAPTIVE AIDS
Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-05-28 13:30:00	SR 0932 ESR05222000000006900	1

VENDOR
VC0000000167 INDEPENDENT LIVING AIDS LLC

Solicitation Number: CRFQ 0932 DRS2000000003

Total Bid : \$0.00 **Response Date:** 2020-05-22 **Response Time:** 09:59:43

Comments:

FOR INFORMATION CONTACT THE BUYER
 Dusty J Smith
 (304) 558-2063
 dusty.j.smith@wv.gov

Signature on File	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	ADAPTIVE AIDS	0.00000	EA	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
42210000			

Extended Description :	ADAPTIVE AIDS
-------------------------------	---------------

Comments: See attached exhibit price sheet

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	430981	430981	each	\$ 11.16	125	\$ 1,395.00
3.1.2	Talking Cube Alarm Clock	756007	756007	each	\$ 33.71	60	\$ 2,022.60
3.1.3	Talking Pyramid Alarm Clock	756242	756242	each	\$ 11.00	125	\$ 1,375.00
3.1.4	Blood Pressure Wrist Talking Monitor	MED114	MED114	each	\$ 51.16	50	\$ 2,558.00
3.1.5	Blood Pressure Arm Talking Monitor	MED119	MED119	each	\$ 72.86	50	\$ 3,643.00
3.1.6	Small Round, Clear Bump Dots	730100	730100	per dot	\$ 0.08	2,500	\$ 207.00
3.1.7	Fluorescent Orange, Small, Round Bump Dots	730106	730106	per dot	\$ 0.08	2,500	\$ 207.00
3.1.8	Big Print Check Register	430960	430960	each	\$ 5.16	125	\$ 645.00
3.1.9	Cutting Board	356748	356748	each	\$ 9.07	125	\$ 1,133.75
3.1.10	Jumbo Print Calendars (Applicable Year At Time of Order)	435153	435153	each	\$ 5.85	360	\$ 2,106.00
3.1.11	Desktop Talking Calculator	276967	276967	each	\$ 9.77	50	\$ 488.50

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	715357	each	\$ 4.46	50	\$ 223.00
3.1.13	Letter Writing Guide	435288	435288	each	\$ 2.77	25	\$ 69.25
3.1.14	Envelope Writing Guide	291355	291355	each	\$ 1.37	25	\$ 34.25
3.1.15	Signature Writing Guide	692222	692222	each	\$ 0.55	25	\$ 13.75
3.1.16	Magnifying LED Desk Lamp	369223	369223	each	\$ 18.71	50	\$ 935.50
3.1.17	Cordless Touch Lamp	369205	369205	each	\$ 31.16	50	\$ 1,558.00
3.1.18	Liquid Level Indicator	756017	756017	each	\$ 8.37	125	\$ 1,046.25
3.1.19	Low Vision Notebook	421154	421154	each	\$ 6.75	50	\$ 337.50
3.1.20	Large Print Measuring Cup Set	185566	185566	each	\$ 3.47	125	\$ 433.75
3.1.21	Large Print Measuring Spoon Set	185567	185567	each	\$ 1.72	125	\$ 215.00
3.1.22	Large Compartment 7 Day Pill Dispenser	553480	553480	each	\$ 5.21	100	\$ 521.00

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	7X Magnification Mirror	Z6V7	Z6V7	each	\$ 21.95	50	\$ 1,097.50
3.1.24	Oven Mitts (Single, Not Pair)	318311	318311	each	\$ 3.60	125	\$ 450.00
3.1.25	White with Black Lines Bold Lined Paper (100 page pad)	671999	671999	Per 100 page pad	\$ 2.59	50	\$ 129.50
3.1.26	Yellow with Black Lines Bold Lined Paper (100 page pad)	671777	671777	Per 100 page pad	\$ 5.65	50	\$ 282.50
3.1.27	Big Button Phone, Reizen, Or Equal	186254	186254	each	\$ 13.97	125	\$ 1,746.25
3.1.28	Wide Platform Talking Scales	481063	481063	each	\$ 38.47	5	\$ 192.35
3.1.29	Shopping List Paper (100 page pad)	671556	671556	Per 100 page pad	\$ 2.21	5	\$ 11.05
3.1.30	Double Spatula Tongs	267844	267844	each	\$ 8.37	125	\$ 1,046.25
3.1.31	Syringe Magnifier	454501	454501	each	\$ 3.96	20	\$ 79.20
3.1.32	Talking Medical Thermometer	481103	481103	each	\$ 14.36	5	\$ 71.80
3.1.33	White with Black Numbers Timer	790792	790792	each	\$ 11.87	125	\$ 1,483.75

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	790793	790793	each	\$ 11.87	125	\$ 1,483.75
3.1.35	Turbo Ear, Or Equal	617769	617769	each	\$ 11.95	50	\$ 597.50
3.1.36	Men's Folding Money Organizer Wallet	432476	432476	each	\$ 14.96	50	\$ 748.00
3.1.37	Women's Money Organizer Wallet, Red	432443	432443	each	\$ 18.71	50	\$ 935.50
3.1.38	Women's Money Organizer Wallet, Black	60290	60290	each	\$ 18.71	50	\$ 935.50
3.1.39	Unisex Talking Watch, Leather Band	756504 LEA	756504 LEA	each	\$ 13.50	50	\$ 675.00
3.1.40	Unisex Talking Watch, Metal Extension Band	756504 EXP	756504 EXP	each	\$ 13.50	50	\$ 675.00
TOTAL BID AMOUNT							\$ 33,808.50

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: Independent Living Aids
Authorized Signature: Karen Dargatz Date: 5-21-20
State of NY
County of Suffolk, to-wit:
Taken, subscribed, and sworn to before me this 21 day of May, 2020.
My Commission expires July 15, 2021

AFFIX SEAL HERE

ERIC W. LANGE
NOTARY PUBLIC, State of New York
Reg. No. 61LA6285904
Qualified in Suffolk County
My Commission Expires July 15, 2021

NOTARY PUBLIC Eric W. Lange



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

State of West Virginia
 Request for Quotation
 27 - Miscellaneous

Proc Folder: 722322

Doc Description: VARIOUS ADAPTIVE AIDS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-05-14	2020-05-28 13:30:00	CRFQ 0932 DRS2000000003	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:

*Independent Living Aids
 137 Ramo Street
 Buffalo, NY 14207
 716-332-2972*

FOR INFORMATION CONTACT THE BUYER

Dusty J Smith
 (304) 558-2063
 dusty.j.smith@wv.gov

Signature X *Karen Dougherty* FEIN # *46-4142937* DATE *5-22-20*

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

ADDITIONAL INFORMATION:

OPEN END

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE DIVISION OF REHABILITATION AGENCY, IS SOLICITING BIDS FOR THE OPEN-END CONTRACT OF VARIOUS ADAPTIVE AIDS PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO DUSTY.J.SMITH@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO		SHIP TO	
BLIND SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD		BLIND SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD	
NITRO	WV25143	NITRO	WV 25143
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ADAPTIVE AIDS	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
42210000			

Extended Description :

ADAPTIVE AIDS

DRS2000000003	Document Phase Final	Document Description VARIOUS ADAPTIVE AIDS	Page 3 of 3
---------------	--------------------------------	--	------------------------------

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 27 - Miscellaneous

Proc Folder: 722322

Doc Description: VARIOUS ADAPTIVE AIDS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-05-14	2020-05-28 13:30:00	CRFQ 0932 DRS2000000003	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:

*Independent Living Aids
 137 Rano Street
 Buffalo, NY 14207
 716-332-2972*

FOR INFORMATION CONTACT THE BUYER

Dusty J Smith
 (304) 558-2063
 dusty.j.smith@wv.gov

Signature X *Karen Dargatz* FEIN # *46-4142937* DATE *5-22-20*

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

ADDITIONAL INFORMATION:

OPEN END

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE DIVISION OF REHABILITATION AGENCY, IS SOLICITING BIDS FOR THE OPEN-END CONTRACT OF VARIOUS ADAPTIVE AIDS PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO DUSTY.J.SMITH@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO		SHIP TO	
BLIND SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD		BLIND SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD	
NITRO	WV25143	NITRO	WV 25143
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ADAPTIVE AIDS	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
42210000			

Extended Description :
ADAPTIVE AIDS

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.

Karin Danza - Account Manager
(Name, Title)
Karin Danza - Account Manager
(Printed Name and Title)
137 Rano Street, Buffalo, NY 14207
(Address)
716-332-2972 / 631-414-7395
(Phone Number) / (Fax Number)
Karin@independentliving.com
(email address)

CERTIFICATION 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 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
(Company)
Karin Danza - Account Manager
(Authorized Signature) (Representative Name, Title)
Karin Danza - Account Manager
(Printed Name and Title of Authorized Representative)
5-22-20
(Date)
716-332-2972 / 631-414-7395
(Phone Number) (Fax Number)

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)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> 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
Company

Karen O'Quinn
Authorized Signature

5-22-20
Date

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