

2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





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

State of West Virginia Solicitation Response

Proc Folder: 797532

Solicitation Description: REGISTERED NURSE STAFFING SERVICES

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2020-12-15 13:30
 SR 0511 ESR12152000000004290
 1

 VENDOR

 000000208791

 MANPOWER

Solicitation Number: CRFQ 0511 BCF2100000001

Total Bid: 81120 **Response Date:** 2020-12-15 **Response Time:** 10:00:09

Comments:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead (304) 558-2402 crystal.g.hustead@wv.gov

Vendor Signature X FEIN# DATE

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

 Date Printed:
 Dec 15, 2020
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Registered Nurse Staffing Services	1560.0000	HOUR	52.000000	81120.00

Comm Code	Manufacturer	Specification	Model #	
80111606				

Commodity Line Comments:

Extended Description:

Registered Nurse Staffing Services

Date Printed: Dec 15, 2020 Page: 2 FORM ID: WV-PRC-SR-001 2020/05

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.

ZACH Treister - 1) wester of Growth
(Name, Title) Trester - Diverter & Grant
(Printed Name and Title)
38 reission way, Sufe (00 Scott Hepot Cu
(Address) 304-757-3338 /304-757-3339 Z5560
(Phone Number) / (Fax Number)
ZACH. Treister (manpower. 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.
plangener
(Company)
(Authorized Signature) (Representative Name, Title)
ZACH Treister - Dreiter of Grant
(Printed Name and Title of Authorized Representative)
12/12/20
(Date)

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ BCF2100000001

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	n received)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10
I further understand that any verbal rediscussion held between Vendor's rep	e receipt of addenda may be cause for rejection of this bid presentation made or assumed to be made during any oral resentatives and any state personnel is not binding. Only added to the specifications by an official addendum is
Company Plangever of	w
Authorized Signature	
12/20	
Date	

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

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$1 million or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or "Interested parties" means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission **Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Manparer W Address: 528 5th Avenue
Hutraja 141 25701
Name of Authorized Agent: ZACH Traister Address: Se vlissian Way, Svite 100
Contract Number: CRFQ TCFZ100000001 Contract Description:
Governmental agency awarding contract:
☐ Check here if this is a Supplemental Disclosure
List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):
1. Subcontractors or other entities performing work or service under the Contract
☐ Check here if none, otherwise list entity/individual names below.
2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities) ☐ Check here if none, otherwise list entity/individual names below.
 Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract) Check here if none, otherwise list entity/individual names below.
Signature: Date Signed:
Notary Verification
State of, County of
I,, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.
Taken, sworn to and subscribed before me this day of,,
Notary Public's Signature
To be completed by State Agency:
Date Received by State Agency:
Date submitted to Ethics Commission: Governmental agency submitting Disclosure:

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 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 exception above.

WITNESS THE FOLLOWING SIGNATURE:	
Vendor's Name: Mangaret of un	<i></i>
Authorized Signature:	Date:
State of West Viguing	
County of, to-wit:	
Taken, subscribed, and sworn to before me this day of	, 20
My Commission expires,	20
AFFIX SEAL HERE NOTA	RY PUBLIC

REQUEST FOR QUOTATION CRFQ BCF2100000001

Registered Nurse Staffing Services

- 7.2 The following remedies shall be available to Agency upon default.
 - **7.2.1** Immediate cancellation of the Contract.
 - **7.2.2** Immediate cancellation of one or more release orders issued under this Contract.
 - **7.2.3** Any other remedies available in law or equity.

8. MISCELLANEOUS:

- **8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- **8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- **8.3** Reports: Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 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: Zact Treister

Telephone Number: 304-757-3338

Fax Number: 304-757-3339

Email Address: Zact Treister C man power rem



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

State of West Virginia **Centralized Request for Quote** Medical

Proc Folder:

797532

Doc Description: REGISTERED NURSE STAFFING SERVICES

Reason for Modification:

ADDENDUM 1

ANSWERS TO VENDOR

QUESTIONS

Proc Type:

Central Master Agreement

Date Issued

Solicitation Closes

Solicitation No

Version

2020-12-04

2020-12-15 13:30 CRFQ 0511

BCF2100000001

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Customer Code: 00600026879

Address: <

Street:

City:

State:

Country:

Vendor Contact Phone:

Zip: 25560

Principal Contact: ZACH Trester

304.757.3338 Extension:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead (304) 558-2402

crystal.g.hustead@wv.gov

Vendor

Signature X

FEIN#

55-6741834

DATE

W 8 18

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

Date Printed: Dec 4, 2020

Page: 1

FORM ID: WV-PRC-CRFQ-002 2020/05

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR CHILDREN AND FAMILIES, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR REGISTERED NURSE STAFFING SERVICES PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

ND HUMAN RESOURCES GINIA CHILDRENS HOME
NER AVE
WV 26241
•

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Registered Nurse Staffing Services	1560.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #	
80111606	NG-101 1017121 17 35	The state of the s		

Extended Description:

Registered Nurse Staffing Services

SCHEDULEJOF EVENTS

<u>Line</u>	<u>Event</u>	Event Date
1	VENDOR QUESTION DEADLINE	2020-12-04

SOLICITATION NUMBER: CRFQ BCF2100000001 Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ BCF2100000001 ("Solicitation") to reflect the change(s) identified and described below.

_		
	[]	Modify bid opening date and time
	[]	Modify specifications of product or service being sought
	[X]	Attachment of vendor questions and responses
	[]	Attachment of pre-bid sign-in sheet
	[]	Correction of error
	ſΊ	Other

Description of Modification to Solicitation:

Applicable Addendum Category:

1. Provide a response to vendor questions

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM #1 TO RESPOND TO VENDOR QUESTIONS

Vendor Question #1

Are the 1560 hours weekly or monthly?

Agency Response to Vendor Question #1

1560 hours is the estimated hours for the entire year.

Vendor Question #2

How many RNs do you anticipate needing on a weekly basis?

Agency Response to Vendor Question #2

We anticipate needing 1 nurse, Monday thru Friday, 30 hours a week, for 1 year.

Vendor Question #3

What is the estimated spend for this contract?

Agency Response to Vendor Question #3

The spend for this contract will be determined by the bids received.

Vendor Question #4

Why are these services being put out to bid?

Agency Response to Vendor Question #4

These services are needed to replace the current contract which will expire on 01/31/2021.

Vendor Question #5

What are your current bill rates and pay rates for these services?

Agency Response to Vendor Question #5

The current contract rate is \$48.49 per hour.

Vendor Question #6

Who is your current vendor?

Agency Response to Vendor Question #6

The current vendor is AMG Healthcare Services Inc.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ BCF2100000001

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)

	J	1	Addendum No. 1	[]	Addendum No. 6
([]	Addendum No. 2	[]	Addendum No. 7
	[]	Addendum No. 3	[]	Addendum No. 8
	[]	Addendum No. 4	[]	Addendum No. 9
	[]	Addendum No. 5	[]	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 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.

Authorized Signature

12/13/20

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