



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 2

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 855530

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: VS0000019712

SO Doc ID: VNF2100000020

Legal Name: ALL AMERICAN HEALTHCARE SERVICES INC

Published Date: 3/17/21

Alias/DBA:

Close Date: 3/25/21

Total Bid: \$262.00

Close Time: 13:30

Response Date: 03/18/2021

Status: Closed

Response Time: 16:26

Solicitation Description: Addendum No. 1  
Direct Care Nursing Staffing Services

Responded By User ID: AAHCS12

Total of Header Attachments: 2

First Name: Ron

Total of All Attachments: 2

Last Name: Bhavnani

Email: isabel@aaahcs.org

Phone: 8622506633



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Registered Nurse weekday rate				56.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Registered Nurse weekend rate				58.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LPN weekday rate				46.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	LPN weekend rate				48.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	CNA weekday rate				26.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and  
 on all federal holidays

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	CNA weekend rate				28.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** Bill rate , hourly.  
 ~ Rates will be billed at time and a half or 1.5X whenever an employee work s more than 40 hours in a week and  
 on all federal holidays

**Extended Description:**

See Attached

## Direct Care Nursing Staffing Pricing Page

Item No.	Description Of Services	Estimated Hours Per Contract Year	Hourly Rate/ Unit Price	Extended Total
	<b>Base Year One</b>			
	<b>Registered Nurse Shifts - Base Year One</b>			
1	Weekday Rate	7,800	\$ 56.00	\$ 436,800.00
2	Weekend Rate	3,000	\$ 58.00	\$ 174,000.00
	<b>Licensed Practical Nurse Shifts - Base Year One</b>			
4	Weekday Rate	22,000	\$ 46.00	\$ 1,012,000.00
5	Weekend Rate	9,000	\$ 48.00	\$ 432,000.00
	<b>Certified Nursing Assistant Shifts - Base Year One</b>			
7	Weekday Rate	25,000	\$ 26.00	\$ 650,000.00
8	Weekend Rate	10,000	\$ 28.00	\$ 280,000.00
	<b>Renewal Year One</b>			
	<b>Registered Nurse Shifts - Renewal Year One</b>			
10	Weekday Rate	7,800	\$ 56.00	\$ 436,800.00
11	Weekend Rate	3,000	\$ 58.00	\$ 174,000.00
	<b>Licensed Practical Nurse Shifts - Renewal Year One</b>			
13	Weekday Rate	22,000	\$ 46.00	\$ 1,012,000.00
14	Weekend Rate	9,000	\$ 48.00	\$ 432,000.00
	<b>Certified Nursing Assistant Shifts - Base Year One</b>			
16	Weekday Rate	25,000	\$ 26.00	\$ 650,000.00
17	Weekend Rate	10,000	\$ 28.00	\$ 280,000.00
	<b>Renewal Year Two</b>			
	<b>Registered Nurse Shifts - Renewal Year Two</b>			
19	Weekday Rate	7,800	\$ 56.00	\$ 436,800.00
20	Weekend Rate	3,000	\$ 58.00	\$ 174,000.00
	<b>Licensed Practical Nurse Shifts - Renewal Year Two</b>			
22	Weekday Rate	22,000	\$ 46.00	\$ 1,012,000.00
23	Weekend Rate	9,000	\$ 48.00	\$ 432,000.00
	<b>Certified Nursing Assistant Shifts - Renewal Year Two</b>			
25	Weekday Rate	25,000	\$ 26.00	\$ 650,000.00
26	Weekend Rate	10,000	\$ 28.00	\$ 280,000.00

Continued on Next Page

	<b>Renewal Year Three</b>			
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<b>Registered Nurse Shifts - Renewal Year Three</b>				
28	Weekday Rate	7,800	\$ 56.00	\$ 436,800.00
29	Weekend Rate	3,000	\$ 58.00	\$ 174,000.00
<b>Licensed Practical Nurse Shifts - Renewal Year Three</b>				
31	Weekday Rate	22,000	\$ 46.00	\$ 1,012,000.00
32	Weekend Rate	9,000	\$ 48.00	\$ 432,000.00
<b>Certified Nursing Assistant Shifts - Renewal Year Three</b>				
34	Weekday Rate	25,000	\$ 26.00	\$ 650,000.00
35	Weekend Rate	10,000	\$ 28.00	\$ 280,000.00
			<b>Grand Total</b>	<b>\$ 11,939,200.00</b>

<b>Vendor Information</b>	
Printed	Isabel Doran
Title	Government Contract Specialist, All American Healthcare Services
Signature	Isabel Doran
Phone	Office: 866 - 629 - 2242    Cell Phone: 612 - 454 - 9249
Fax	866 - 629 - 2242
Email	isabel@aaahcs.org



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March 25th, 2021

We thank you for extending us the opportunity to submit a bid for **CRFQ 0613 VNF2100000020 Direct Nursing Staffing Services**. We are proud to be the nation's leading healthcare staffing agency for nursing homes, schools, hospitals, clinics and other facilities. We have been successfully providing nursing services for over fifteen years. We are happy to meet your needs for all nursing staff.

We always strive to provide knowledgeable, experienced, clinically proficient and dedicated health care professionals. We assure you of excellent services and look forward to continuing our professional relationship by meeting your growing healthcare challenges.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Ruderman", with a long horizontal flourish extending to the right.

Paul Ruderman  
CEO



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### **SECTION ONE:**

Cover Letter	4
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**PROPOSAL FOR:**  
**Solicitation # : CRFQ 0613 VNF2100000020**  
**Direct Care Nursing Staffing Services**

Date: March 25th, 2021

Proposer: All American Healthcare Services, Inc.

Address: 494 Broad Street, Suite 302 Newark, NJ 07102

Telephone: 609-581-6622

Contact Person: Isabel Doran, Government Contract Specialist

Type of Business Entity: Subchapter S Corporation

Date Company Established: April 1, 2003

Number of Employees: Approximately 450 Full-Time and 5,000 Part-time

In submitting this Proposal, the Proposer warrants and represents that:

1.
  - a. The Proposer has reviewed and understands the requirements set forth within the Proposal Specifications and, if selected, will carry out all of the duties set forth in such Proposal Specifications.
  - b. All information submitted in response to the Proposal Specifications is accurate and factual and all representations made regarding the Proposer's willingness to provide the required Services are true and correct.
2. Except to the extent expressly set forth on the attachments hereto (if applicable) there have been no material changes in the financial status of the Proposer since the date of the most recent financial data submitted herewith, and such financial information and data fairly and accurately reflects the financial position of the Proposer as of the date of submission and the Proposal.
3. There is no action, suit or proceeding, at law or equity, before or by any court of similar Governmental Body against the Proposer wherein any unfavorable decision, ruling, or finding would adversely affect the ability of the Proposer to carry out duties and obligations imposed upon it in the Contract.



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4. The Proposer is duly organized and validly existing in good standing and is duly qualified to transact business in each and every jurisdiction where such qualification is required to enable the Proposer to perform its obligations under the Contract. The Proposer has obtained a business registration certificate. The execution of the Contract, and the performance of all obligations hereunder have been authorized by all required action of the Proposer, including any action required by and charter, by-laws, and/or partnership contract, as the case may be, and any Applicable Laws which regulate the conduct of the Proposer's affairs. The execution of the Contract and the performance of all obligations set forth herein do not conflict with and do not constitute a breach of or event of default under any charter, by-laws, and/or partnership contract, as the case may be, of the Proposer or any lease, indenture, mortgage, contract, or instrument to which the Proposer is a party or by which it is bound so that, upon execution hereof and upon satisfaction of the conditions herein contained, the Contract will constitute valid, legally binding obligations of the Proposer, enforceable in accordance with its terms, except to the extent that enforcement thereof is limited by applicable bankruptcy, insolvency, reorganization, moratorium or other laws relating to or limiting creditor's rights generally and the application of the general principles of equity.
5. There is no action, suit or proceeding, at law or in equity, before or by any court or similar Governmental Body against the Proposer wherein an unfavorable decision, ruling, or finding would materially adversely affect the performance by the Proposer of its obligations hereunder or the other transactions contemplated hereby, or which, in any way would materially adversely affect the validity of enforceability of the Contract, or any other contract or instrument entered by Proposer in connection with the transaction contemplated hereby.
6. The Proposer has in its possession valid approvals, registrations, licenses, certifications or permits that, pursuant to applicable federal, state and local laws, permit the Proposer to provide the Services as contemplated in these Proposal Specifications and under and in accordance with the terms of the Contract for the term thereof.
7. The Proposal is submitted pursuant to due authorization by, and is in all respects binding upon, the Proposer.
8. No corporation, partnership, individual or association, officer, director, employee, manager, parent, subsidiary, affiliate or principal shareholder of the Proposer has been



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adjudicated to be in violation of any state or federal law, charged with or convicted of bribery, fraud, collusion, or any violation of any state or federal Medicare, Medicaid or similar statute, or previously adjudged in contempt of any court order enforcing such laws, been discharged or banned from any public works project or appeared on a debarred, suspended, or disqualified list of any state.

9. The Proposer has sufficient qualified personnel available to provide the Services on a constant and regular basis during the Term of the Contract.
10. The Proposer is not currently in breach of or in default of any contracts, permits or any other applicable federal, state and local laws and regulations that are necessary for or relate to the Proposer's ability to provide the Services as contemplated in the Proposal Specifications, and the Proposer has obtained all required federal, state, and local permits, licenses, certifications and approvals necessary to provide the same.
11. The Proposer has thoroughly reviewed the procurement process and agrees to participate in good faith in the procurement process as described in the RFP, to adhere to the Authority's project schedule and to execute a Contract that contains the terms set forth herein.
12. The Proposer acknowledges that all costs incurred by it in connection with this submission shall be borne exclusively by the Proposer. Sincerely,

A handwritten signature in black ink, appearing to read "Paul Ruderman".

Signature: \_\_\_\_\_

Paul Ruderman, CEO  
All American Healthcare Services Inc.



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### **Quality Assurance Program (QAP)**

This strategy devised to ensure quality assurance will be put into effect under this contract. Our strategy has been tailored to meet the needs of the procurement set forth. The intended use of this results driven strategy is to achieve a continued quality service, meeting the demanding needs of supplemental medical staff.

The following will serve as a layout for the communication structure, coordination, and agreement amongst all members involved in providing the services in question.

### **Employee Hiring and Placement**

Applicants are subject to a rigorous screening process to ensure competence and professionalism. In order to qualify for employment at AAHCS, each candidate's experience, skills, references, licensure, and current health certification are reviewed and verified. All candidates must be interviewed by a member of management and complete the following paperwork and tasks before being offered a position with AAHCS:

- General application
- 2 reference checks
- License Verification
- HIPAA Test
- Blood Borne Pathogen Test (OSHA)
- Any mandatory tests specific to the facility
- Self-Skills Checklist
- Employee Agreement
- Confidentiality Agreement
- Time Sheets Policy
- Call Out Policy
- Substance Abuse Policy
- Elderly abuse policy
- Acknowledgement of health insurance policy



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- Acknowledgement of Employee Hand Book
- Orientation
- In-Service Attendance
- Competency Evaluation
- Professional Liability/Malpractice Insurance
- Copy of Healthcare License
- Copy of CPR Card (LPN/RN)
- PPD-TB Screening (Within one year)
- Physical (Within the last 6 months)
- I-9
- Government issued Photo ID
- Copy of Social Security card
- W-4
- Criminal Background Check
- Pre-Employment Drug Test

Each potential hire must also undergo a Competency Evaluation administered by our clinical supervisor. The Competency Evaluation covers topics including but not limited to:

- Admission and discharge of residents
- Head-to-toe assessment including each body part
- Initial shower and skin assessments
- CPR/AED
- IV Certified/IV Therapy Administration
- Pulse Oximetry
- Tracheostomy Care
- Neuro Check
- Administering oxygen
- Medication Administering/Documenting
- Narcotic Counting
- MAR & TAR signatures
- Psychotropic Charting
- Medicare Charting
- Re-ordering Narcotics



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- Backup meds used and faxed
- Ordering lab medication
- Clinical pain management
- Catheter and Foley care
- Gastronomy tube

Beyond the general process, AAHCS screens applicants on a client by client basis. We evaluate each healthcare professional's individual skills set and previous experience to determine whether he or she is the best possible match for a given client and or setting. In addition, supervisors and other healthcare professionals are required to attend a structured initial orientation at the home to which they will be assigned, ensuring that they will be more comfortable with the environment before beginning tenure there.

### **Evaluation**

In efforts to create a staff that is of high quality and highly competent, our personnel are constantly evaluated during their duration of employment. We perform monthly audits on our employees' files, to ensure that all medical records and licenses are up to date. In addition, we take great care to document any additional educational programs that an employee has completed, which creates a more refined and accurate record of each person's skill set and competence level.

All of our staff is formally evaluated by our Clinical Supervisor on a quarterly basis to ensure that each still meets the standards set by AAHCS.

Employees are also subject to periodic supervisor evaluations, as detailed in the Performance Management portion of our Quality Assurance manual.

### **Training**

AAHCS holds numerous training programs during the year in order to keep our employees up to date on relevant new medical developments as well as to further refine their skills. Programs planned for the year cover a variety of topics, ranging from administrative skills such as Documentation and GT Protocol, to practical skills such as



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Medication Administration and Wound Care. Overall, our intention is to equip our employees with both nursing/caretaking skills as well as general administrative skills.

Training programs planned for the year include:

- Abuse/Neglect
- Infection Control/Blood Borne Pathogens
- Wound Care
- Admission Assessments
- Incontinence Training
- Fall Prevention/Documentation
- Responding to Emergencies
- Pain Management
- Sensitivity Training
- CPR Certification
- IV Certification
- State Survey Preparation Training
- Review Facility Fire Safety Procedures

Completion of such training sessions is noted in each employee's record and is taken into account when evaluating their suitability for a particular facility or position. In addition, we encourage our employees to further their own education by subsidizing job-related college courses. We also highly encourage attendance to selected conferences and seminars that will further professional development.

### **Discipline**

Reports of poor performance become part of an employee's permanent record. Significant poor performance, or an accumulation of incidents of such, warrants disciplinary measures. However, some leeway is allowed for employees to learn from their mistakes.

AAHCS utilizes a "three-strike" system for the personnel on our staff in order to deter poor performance. "Strikes" are received for a variety of disciplinary infractions including: negative feedback, last-minute callouts, excessive rudeness, etc. After three "strikes", AAHCS no longer employs the employee in question. This system serves not



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only to deter poor performances and remove truly problematic offenders, but also allows some leeway for individuals, allowing the opportunity for them to recognize and correct their mistakes.

### **Recruitment and Retention**

The process of recruiting experienced and qualified healthcare professionals begins through referral network systems developed over the course of the years that we have been in business. Often, the best leads to reliable, potential employees come from existing employees who refer a friend or co-worker.

In addition to word-of-mouth, AAHCS recruits via newspaper ads, resume database searches, internet job posting, and our company website. The use of the internet allows us to streamline our hiring procedures and to process applications on a more efficient basis.

AAHCS finds that its growth corresponds directly with the quantity and quality of the medical personnel joining the cause. AAHCS invests a significant amount of effort in continuing to grow its pool of medical staff.

Employee retention is just as important as employee growth. AAHCS focuses on retaining its employees by creating a warm and friendly environment throughout the office, as well as in communication with our external staff. We are able to provide a personable relationship with both internal and external staff.

AAHCS offers a variety of awards and small incentives for all employees to help motivate them to strive for excellence, while providing a means to reward employees for exceptional performance. After evaluating feedback collected from facility administrators, supervisory personnel, and other employees in our agency, exemplary employees may receive the Employee of the Month or the Employee of the Year awards. Excellent employees are also awarded gift cards and various other bonuses.



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**Company Organization**

Name	Position at AAHCS
Paul Ruderman	CEO (Chief Executive Officer)
Ron Bhavnani	COO (Chief Operating Officer)
Stephanie Suessegger	Director, Account Management Email : <a href="mailto:stephanie@aaahcs.org">stephanie@aaahcs.org</a> Phone : (609) 752-3425 xt. 300
Stephen Greenberg	Contract Administrator Email : <a href="mailto:stephen@aaahcs.com">stephen@aaahcs.com</a> Phone : (862) 955-2937 xt. 2937
Isabel Doran	Government Contract Specialist, POC Email : <a href="mailto:isabel@aaahcs.org">isabel@aaahcs.org</a>

Signature: \_\_\_\_\_

Paul Ruderman, CEO  
 All American Healthcare Services Inc



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**SECTION TWO:**

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### **Background and Experience**

All American Healthcare Services is an on-demand healthcare staffing agency, staffing both Per Diem and permanent positions. All American has been in business for the past 18 years, being established in 2003. We staff nursing personnel, therapists, admissions, all sorts of Healthcare personnel at nursing homes, schools, hospitals, and jails. We pride ourselves on paying our nursing personnel the highest rates in the industry, and, most importantly, we pay our nursing personnel weekly. As for working with Educational and Government clients, we have been in business with these industries for the past eight (8) years.

After we establish our client relationship, we are then able to broadcast all available shift listings for said client. With the use of our AllShifts App, and other internal processes, we are able to connect to numerous available healthcare specialists and fill those open positions. Once we have received a Staffing Request from a client facility, it is then logged into our system. Based on the request's specifications/qualifications, the 30-40 nurses who are most likely and qualified to pick up the shift, will be-notified within minutes of the request being logged into our system. This efficiency is ideal for All American's clients, as they may find themselves in a pinch and need a quick solution.

The following includes the projects All American Healthcare Services has contracted with over the past three (3) years. All of the projects have been maintained and stayed within the contract agreements, or have successfully completed.

#### **New Jersey Convention and Exposition Center**

POC: Rajesh Saini, Administration  
rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Registered Nurses (RN) and Licensed Practical Nurses (LPN).



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**Atlantic City Convention Center**

POC: Rajesh Saini, Administration  
rajesh@tscti.com

Nature of Service: Provided temporary staffing service for Respiratory Therapists (RT), Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Registered Nurses Anesthetists (CRNA), Nurse Practitioners (NR), and Physical Therapists (PT).

**East Orange General Hospital**

POC: Rajesh Saini, Administration  
rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Registered Nurses (RN), Licensed Practical Nurses (LPN), Respiratory Therapists (RT), and Physicians Assistants (PA).

**New Jersey Department of Health**

POC: Rajesh Saini, Accounting  
rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Registered Nurses (RN).

A handwritten signature in black ink, appearing to read "Paul Ruderman".

Signature: \_\_\_\_\_

Paul Ruderman, CEO  
All American Healthcare Services Inc



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**Cost Proposal**

	Weekday	Weekend
Registered Nurse	\$56 / hr	\$58 / hr
Licensed Practical Nurse	\$46 / hr	\$48 / hr
Certified Nursing Assistant	\$26 / hr	\$28 / hr

**Prompt Payment Discount**

We offer a 2% Prompt Payment Discount for all invoices paid via ACH within 10 calendar days of the invoice date.

**Please Note :**

- Rates will be billed at “time and a half” or 1.5X whenever an employee work’s more than 40 hours in a week and on all federal holidays.
- Staffer’s are paid hourly, indicating that the pay rate will remain the same regardless of Weekly, Monthly, etc.
- Once a staffer has worked eight (8) hours, a 30-minute break will automatically be deducted and thus paying 7.5 hours.

A handwritten signature in black ink, appearing to read "Paul Ruderman".

Signature: \_\_\_\_\_

Paul Ruderman, CEO  
All American Healthcare Services Inc.



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### **SECTION THREE:**

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Purchasing Affidavit	21

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO VNF2100000020**

**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.

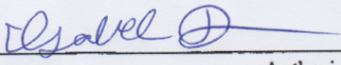
**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" 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 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.

All American Healthcare Services  
Company

  
Authorized Signature

3/18/21  
Date

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

**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.

Stephen Greenberg, Contract Administrator  
(Name, Title)  
Stephen Greenberg, Contract Administrator  
(Printed Name and Title)  
494 Broad Street, Newark, NJ 07102  
(Address)  
(862)-955-2937 xt. 2937  
(Phone Number) / (Fax Number)  
stephen@aaahcs.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.

All American Healthcare Services  
(Company)

Isabel Doran Government Contract Specialist  
(Authorized Signature) (Representative Name, Title)

Isabel Doran Government Contract Specialist  
(Printed Name and Title of Authorized Representative)

3/18/21  
(Date)

866-629-2242  
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION - CRFQ VNF21\*20  
Direct Care Staffing Services

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10. MISCELLANEOUS:

- 10.1 **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: Stephen Greenberg  
Phone Number: Office: (862)-955-2937 ext. 2937  
Cell: \_\_\_\_\_  
Fax: (866)-629-2242  
Email Address: stephen@aaahcs.com

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: All American Healthcare Services

Authorized Signature: [Signature] Date: 3/18/21

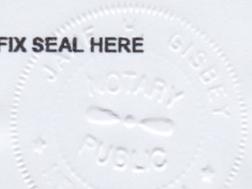
State of New Jersey

County of Hudson, to-wit:

Taken, subscribed, and sworn to before me this 18<sup>th</sup> day of March, 2021

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

AFFIX SEAL HERE



**NOTARY PUBLIC** [Signature]  
JANE H. GISBEY  
Commission # 50011948  
Notary Public, State of New Jersey  
My Commission Expires  
March 13, 2025

Purchasing Affidavit (Revised 01/19/2018)



494 Broad Street • Suite 302 • Newark, NJ 07102  
Tel 609-581-6622 • Fax 866-629-2242 • [www.aahcs.org](http://www.aahcs.org)

#### **SECTION FOUR:**

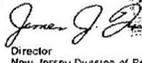
New Jersey Business Registration Certificate	23
Employee Information Report	24
Certificate of Liability Insurance	25

# ALL AMERICAN HEALTHCARE SERVICES, INC.

494 Broad Street • Suite 302 • Newark, NJ 07102  
Tel 609-581-6622 • Fax 866-629-2242 • www.aahcs.org



James J. Fruscione  
Director  
New Jersey Division of Revenue

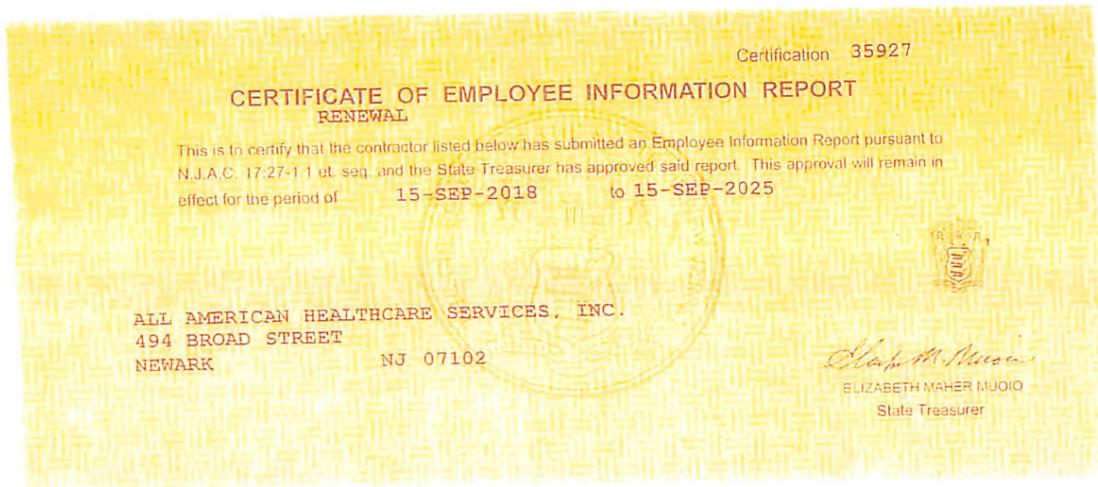
STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
TAXPAYER NAME: ALL AMERICAN HEALTHCARE SERVICES, INC.	TRADE NAME:
ADDRESS: 100 LAKE VIEW AVE STE 1A JAMESBURG NJ 08831	SEQUENCE NUMBER: 4009364
EFFECTIVE DATE: 08/12/03	ISSUANCE DATE: 11/17/14
FORM BRC (REV. 12/2008)	 Director New Jersey Division of Revenue

DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
PO BOX 282  
TRENTON, NJ 08646-0252

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



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Tel 609-581-6622 • Fax 866-629-2242 • www.aahcs.org





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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 3/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BROWN & BROWN OF PENNSYLVANIA, LP 125 E ELM STREET, SUITE 210 CONSHOHOCKEN, PA 19428	CONTACT NAME: LIZ STACKOWITZ	
	PHONE (A/C, NO, EXT): (215) 587-1200	FAX (A/C, NO): (386) 232-9921
	E-MAIL ADDRESS: ESTACKOWITZ@BBOFPA.COM	

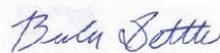
INSURED ALL AMERICAN HEALTHCARE SERVICES, INC. 494 BROAD STREET, SUITE 302 NEWARK, NJ 07102	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: SENTRY CASUALTY COMPANY		28460
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A	<input type="checkbox"/>	90-21572-01 90-21572-02 (WI)	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>   	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---------------------------------------	--



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 Tel 609-581-6622 • Fax 866-629-2242 • www.aahcs.org

Client#: 61481 ALLAM6

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042 516 538-7000	CONTACT NAME: Penny Woods PHONE (A/C, No, Ext): 516 390 3692 E-MAIL ADDRESS: FAX (A/C, No): 516 390 3693
INSURED All American Healthcare Services Inc. 494 Broad Street Suite 302 Newark, NJ 07102	INSURER(S) AFFORDING COVERAGE INSURER A : Lloyds of London INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ms10319437462	06/30/2020	06/30/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ms10319437462	06/30/2020	06/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ms10319439481	06/30/2020	06/30/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		ms10319437462	06/30/2020	06/30/2021	\$3,000,000 Aggregate \$1,000,000 Each Claim \$25,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Stanley Woods</i>