



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 1

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: VS0000020801 

SO Doc ID: VNF2100000020

Legal Name: CMG CIT ACQUISITION LLC

Published Date: 3/17/21

Alias/DBA:

Close Date: 3/25/21

Total Bid: \$260.00

Close Time: 13:30

Response Date: 03/25/2021 

Status: Closed

Response Time: 12:34

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

Responded By User ID: CoreMedicalGroup 

Total of Header Attachments: 1

Total of All Attachments: 1

First Name: Kaitlin

Last Name: Jones

Email: CoreProposals@CoreMedica

Phone: 800-995-2673



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: 855530
Solicitation Description: Addendum No. 1
 Direct Care Nursing Staffing Services
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2021-03-25 13:30	SR 0613 ESR03252100000006610	1

VENDOR
 VS0000020801
 CMG CIT ACQUISITION LLC

Solicitation Number: CRFQ 0613 VNF2100000020
Total Bid: 260
Response Date: 2021-03-25
Response Time: 12:34:51
Comments:

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X **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	Registered Nurse weekday rate				72.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Registered Nurse weekend rate				72.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LPN weekday rate				58.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	LPN weekend rate				58.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

See Attached

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

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: CMG does not staff CNA

Extended Description:

See Attached

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

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: CMG does not staff CNA

Extended Description:

See Attached



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
 Service - Prof

Proc Folder: 855530			Reason for Modification:
Doc Description: Direct Care Nursing Staffing Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-03-11	2021-03-25 13:30	CRFQ 0613 VNF210000020	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:

Vendor Name : CMG CIT Acquisition, LLC dba CoreMedical Group

Address :

Street : 655 South Willow Street, Suite 128

City : Manchester

State : NH **Country :** US **Zip :** 03103

Principal Contact : Nicholas Margarit, Account Executive

Vendor Contact Phone: 603-893-4515 **Extension:** 1527

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X  **FEIN#** 35-2609950 **DATE** March 23, 2021

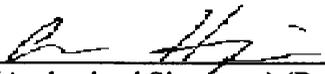
All offers subject to all terms and conditions contained in this solicitation

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.

Nicholas Margarit, Account Executive
(Name, Title)
Nicholas Margarit, Account Executive
(Printed Name and Title)
655 South Willow Street, Suite 128 Manchester, NH 03103
(Address)
603-863-4515 ext 1527 / 866-420-1055
(Phone Number) / (Fax Number)
Nicholas.Margarit@CoreMedicalGroup.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.

CMG CIT Acquisition, LLC dba CoreMedical Group
(Company)

 President/CEO
(Authorized Signature) (Representative Name, Title)

Aram Hampoian, President/CEO
(Printed Name and Title of Authorized Representative)

March 23, 2021
(Date)

603-893-4515 / 866-420-1055
(Phone Number) (Fax Number)

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

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: Nicholas Margarit

Phone Number: Office: 603-893-4515 ext 1527

Cell:

Fax: 866-420-1055

Email Address: Nicholas.Margarit@CoreMedicalGroup.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: CMG CIT Acquisition, LLC dba CoreMedical Group

Authorized Signature: [Signature] Date: March 25, 2021

State of New Hampshire

County of Hillsborough to-wit:

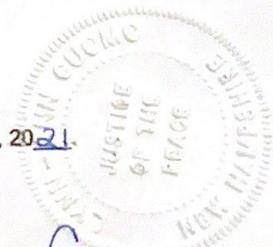
Taken, subscribed, and sworn to before me this 25 day of March, 2021.

My Commission expires August 2, 2022

AFFIX SEAL HERE

Lynn-Ann Cuomo
Justice of the Peace - New Hampshire
Commission Expires August 2, 2022

NOTARY PUBLIC Lynn-Ann Cuomo



ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF210000020

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.

CoreMedical Group

Company



Authorized Signature

March 24, 2021

Date

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

Exhibit A - CRFQ VNF21*20

Direct Care Nursing Staffing Pricing Page

Item No.	Description Of Services	Estimated Hours Per Contract Year	Hourly Rate/ Unit Price	Extended Total
	Base Year One			
	Registered Nurse Shifts - Base Year One			
1	Weekday Rate	7,800	\$72.00	\$ 561,600.00
2	Weekend Rate	3,000	\$ 72.00	\$ 216,000.00
	Licensed Practical Nurse Shifts - Base Year One			
4	Weekday Rate	22,000	\$ 58.00	\$ 1,276,000.00
5	Weekend Rate	9,000	\$ 58.00	\$ 522,000.00
	Certified Nursing Assistant Shifts - Base Year One			
7	Weekday Rate	25,000	N/A	#VALUE!
8	Weekend Rate	10,000	N/A	#VALUE!
	Renewal Year One			
	Registered Nurse Shifts - Renewal Year One			
10	Weekday Rate	7,800	\$74.00	\$ 577,200.00
11	Weekend Rate	3,000	\$ 74.00	\$ 222,000.00
	Licensed Practical Nurse Shifts - Renewal Year One			
13	Weekday Rate	22,000	\$ 60.00	\$ 1,320,000.00
14	Weekend Rate	9,000	\$ 60.00	\$ 540,000.00
	Certified Nursing Assistant Shifts - Base Year One			
16	Weekday Rate	25,000	N/A	#VALUE!
17	Weekend Rate	10,000	N/A	#VALUE!
	Renewal Year Two			
	Registered Nurse Shifts - Renewal Year Two			
19	Weekday Rate	7,800	\$ 76.00	\$ 592,800.00
20	Weekend Rate	3,000	\$ 76.00	\$ 228,000.00
	Licensed Practical Nurse Shifts - Renewal Year Two			
22	Weekday Rate	22,000	\$ 62.00	\$ 1,364,000.00
23	Weekend Rate	9,000	\$ 62.00	\$ 558,000.00
	Certified Nursing Assistant Shifts - Renewal Year Two			
25	Weekday Rate	25,000	N/A	#VALUE!
26	Weekend Rate	10,000	N/A	#VALUE!

Continued on Next Page

	Renewal Year Three			
	Registered Nurse Shifts - Renewal Year Three			
28	Weekday Rate	7,800	\$ 78.00	\$ 608,400.00
29	Weekend Rate	3,000	\$ 78.00	\$ 234,000.00
	Licensed Practical Nurse Shifts - Renewal Year Three			
31	Weekday Rate	22,000	\$ 64.00	\$ 1,408,000.00
32	Weekend Rate	9,000	\$ 64.00	\$ 576,000.00
	Certified Nursing Assistant Shifts - Renewal Year Three			
34	Weekday Rate	25,000	N/A	#VALUE!
35	Weekend Rate	10,000	N/A	#VALUE!
			Grand Total	#VALUE!

Vendor Information	
Printed Name Aram Hampoian	
Title	President/CEO CoreMedical Group Company:
Signature	
Phone	Office: 603-893-4515 Cell Phone:
Fax	866-420-1055
Email	Aram.Hampoian@CoreMedicalGroup.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

3/23/2021

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 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1311204 CMG CIT ACQUISITION, LLC D/B/A COREMEDICAL GROUP 655 SOUTH WILLOW STREET, SUITE 128 MANCHESTER NH 03103	INSURER A: TDC Specialty Insurance Company		34487
	INSURER B: QBE Insurance Corporation		39217
	INSURER C: Praetorian Insurance Company		37257
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES * CERTIFICATE NUMBER: 17433014 REVISION NUMBER: XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:	N	N	MFP-01668-20-00	11/1/2020	11/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MFP-01668-20-00	11/1/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
C B	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 N	N/A	WHC0200123 (AOS) WHCO200156 (MA, ID, CT)	3/1/2021 3/1/2021	3/1/2022 3/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	MEDICAL PROFESSIONAL LIABILITY	N	N	MFP-01668-20-00	11/1/2020	11/1/2021	\$1,000,000 PER OCCURRENCE \$3,000,000 AGGREGATE

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

CERTIFICATE HOLDER**17433014**
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston WV 25305-0130
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

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