



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 2

List View

General Information | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#) | [Clarification Request](#)

Procurement Folder: 1397508

Procurement Type: Central Master Agreement

Vendor ID: VS0000003198 

Legal Name: AB STAFFING SOLUTIONS LLC

Alias/DBA:

Total Bid: \$0.00

Response Date: 04/03/2024 

Response Time: 13:37

Responded By User ID: abstaffing 

First Name: Donny

Last Name: Te

Email: dte@abstaffing.com

Phone: 888-515-3900

SO Doc Code: CRFQ

SO Dept: 0618

SO Doc ID: BVH2400000002

Published Date: 3/26/24

Close Date: 4/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA

Total of Header Attachments: 2

Total of All Attachments: 2



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: 1397508
Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-04-04 13:30	SR 0618 ESR04032400000005769	1

VENDOR
 VS0000003198
 AB STAFFING SOLUTIONS LLC

Solicitation Number: CRFQ 0618 BVH2400000002
Total Bid: 0
Response Date: 2024-04-03
Response Time: 13:37:31
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	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR	1.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing.
 Contract Nursing Services RN, LPN, HSA

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO BVH240000002

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.

AB Staffing Solutions

Company



Authorized Signature

4/4/2024

Date

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

EXHIBIT "A" PRICING PAGE - CRFQ BVH24*02

TEMPORARY NURSING STAFFING SERVICES

To use this pricing page electronically enter the "rate per hour" in each cell as a dollar value and the spreadsheet should fill in the totals automatically. Should the spreadsheet not automatically calculate the totals or you complete this on paper you would need to multiply the estimated annual usage hours by the rate per hour to get the extended price. It is understood through the specifications that the overtime rate is 1.5 times the regular hourly rate for that classification. A 1.5 multiplier will be assigned to each vendor hourly rate by the evaluation committee to verify the Overtime rate bid is correct. Once lines 1 - 9 have their extended price add all the extended prices together to get the total for the bid.

Item #	Description	Quantity	Cost Per Hour	Extended Cost
1	Temporary RN Regular Hours	300	\$59.00	\$17,700.00
2	Temporary RN Holiday Rate	24	\$59.00	\$1,416.00
3	Temporary LPN Regular Hours	500	\$49.00	\$24,500.00
4	Temporary LPN Holiday Rate	56	\$49.00	\$2,744.00
5	Temporary HSA Regular Hours	700	\$36.00	\$25,200.00
6	Temporary HSA Holiday Rate	56	\$36.00	\$2,016.00
7	Temporary RN Overtime Rate (RN)	24	\$69.00	\$1,656.00
8	Temporary LPN Overtime Rate (LPN)	24	\$59.00	\$1,416.00
9	Temporary HSA Overtime Rate	24	\$46.00	\$1,104.00
Failure to use this form may result in disqualification				\$77,752.00