



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 6

[List View](#)**General Information** [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1453543

SO Doc Code: CRFQ

Procurement Type: Statewide MA (Open End)

SO Dept: 0212

Vendor ID: VS0000022651

SO Doc ID: SWC2400000006

Legal Name: IT Trailblazers LLC

Published Date: 7/11/24

Alias/DBA: IT Trailblazers LLC

Close Date: 7/16/24

Total Bid: \$0.00

Close Time: 13:30

Response Date: 07/15/2024

Status: Closed

Response Time: 15:05

Solicitation Description: STATEWIDE CONTRACT -TEMPORARY
STAFFING SERVICES

Responded By User ID: kotaTTB@2020

Total of Header Attachments: 6

Total of All Attachments: 6

First Name: Sudhir

Last Name: Kota

Email: kotasudhir@ttblazers.com

Phone: 732-227-1772



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: 1453543
Solicitation Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES
Proc Type: Statewide MA (Open End)

Solicitation Closes	Solicitation Response	Version
2024-07-16 13:30	SR 0212 ESR07122400000000286	1

VENDOR
VS0000022651
IT Trailblazers LLC

Solicitation Number: CRFQ 0212 SWC2400000006
Total Bid: 0
Response Date: 2024-07-15
Response Time: 15:05:14
Comments:

FOR INFORMATION CONTACT THE BUYER
Mark A Atkins
(304) 558-2307
mark.a.atkins@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	TEMPORARY EMPLOYEE STAFFING SERVICES	0.00000	HOUR	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
80111600			

Commodity Line Comments:

Extended Description:

TEMPORARY EMPLOYEE STAFFING SERVICES:
Note: Vendor must use Exhibit_A Pricing Page(s) for bid pricing and submit with bid.
If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line and attach the pricing page to their bid.

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.

(Printed Name and Title) Janaki Yarlagadda (President)

(Address) 510 Thornall St, Suite #306, Edison NJ 08837


(Phone Number) / (Fax Number) 732-227-1772 / 732-909-2358

(email address) janaki@ittblazers.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

IT Trailblazers LLC

(Company) 

(Signature of Authorized Representative)

Janaki Yarlagadda (President) 07-12-2024

(Printed Name and Title of Authorized Representative) (Date)

732-227-1772 732-909-2358

(Phone Number) (Fax Number)

janaki@ittblazers.com

(Email Address)

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: IT Trailblazers LLC
(Vendor)

Name of Agency: State of West Virginia, WV Purchasing Division

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Included but not limited to the following:

Personal Health Information
Personal Identifiable Information
Social Security Number
Addresses
Tax Identification Information
Personal Phone Numbers
All Correspondence marked Confidential
Financial Information
Financial Account number
Credit Card Numbers
Debit Card Numbers,
Driver's License Numbers,
State ID Numbers
Marital Status
Home Address

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC2400000006

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 checked="" 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.

IT Trailblazers LLC

Company



Authorized Signature

07-14-2024

Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC2400000006

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IT Trailblazers LLC

Company



Authorized Signature

07-14-2024

Date

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

Classification	Worker Pay Rate	Withholding Rate	Overhead Rate	Total Rate*
Accounting Technician 2	\$ 22.00	\$ 2.86	\$ 3.96	\$ 28.82
Administrative Services Assistant 1	\$ 18.00	\$ 2.34	\$ 3.24	\$ 23.58
Administrative Services Assistant 2	\$ 20.00	\$ 2.60	\$ 3.60	\$ 26.20
Cook	\$ 19.00	\$ 2.47	\$ 3.42	\$ 24.89
Custodian	\$ 17.00	\$ 2.21	\$ 3.06	\$ 22.27
Data Entry Operator2	\$ 18.00	\$ 2.34	\$ 3.24	\$ 23.58
Executive Secretary	\$ 24.00	\$ 3.12	\$ 4.32	\$ 31.44
Groundskeeper	\$ 16.00	\$ 2.08	\$ 2.88	\$ 20.96
Health Service Worker	\$ 22.00	\$ 2.86	\$ 3.96	\$ 28.82
Laboratroy Assistant 3	\$ 20.00	\$ 2.60	\$ 3.60	\$ 26.20
Laborer	\$ 16.00	\$ 2.08	\$ 2.88	\$ 20.96
Mail Runner	\$ 18.00	\$ 2.43	\$ 3.24	\$ 23.67
Office Assistant 2	\$ 18.00	\$ 2.34	\$ 3.24	\$ 23.58
Office Assistant 3	\$ 20.00	\$ 2.60	\$ 3.60	\$ 26.20
Paralegal	\$ 26.00	\$ 3.38	\$ 4.68	\$ 34.06
Parking Attendant	\$ 15.00	\$ 1.95	\$ 2.70	\$ 19.65
Word Processor	\$ 18.00	\$ 2.34	\$ 3.24	\$ 23.58

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: _____ IT Trailblazers LLC
 Contact Person: _____ Janaki Yarlagadda _____
 Phone #: _____ (732) 227 1772 _____
 Fax #: _____ 732-909-2358 _____
 Email: _____ janaki@ittblazers.com _____

Signature: 

Date: 07-15-2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Your Insurance Company Name & Address	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Your Company Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Eff Date	Exp Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>		Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Eff Date	Exp Date	EACH OCCURRENCE \$ AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Cyber Liability Professional Liability(E&O)	<input type="checkbox"/>	<input type="checkbox"/>		Eff Dates	Eff Dates	\$1M Each Occurrence/\$1M Aggregate \$1M Each Occurrence/\$1M Aggregate Deductible Maximum: \$50,000 per loss

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

Certificates includes Knowledge Services, its subsidiaries and divisions (including all entities comprising "Knowledge Services" hereunder) and "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds.

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

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