



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: 1453834

Procurement Type: Central Master Agreement

Vendor ID: VS0000010799

Legal Name: PRIME TIME HEALTHCARE LLC

Alias/DBA:

Total Bid: \$208,000.00

Response Date: 07/03/2024

Response Time: 9:03

Responded By User ID: Primetime

First Name: Jennifer

Last Name: Syphers

Email: jsyphers@primetimehealth

Phone: 402-505-5168

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2400000015

Published Date: 7/2/24

Close Date: 7/16/24

Close Time: 13:30

Status: Closed

Solicitation Description: Nurse Practitioner

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: 1453834
Solicitation Description: Nurse Practioner
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-07-16 13:30	SR 0613 ESR07032400000000076	1

VENDOR
VS0000010799
PRIME TIME HEALTHCARE LLC

Solicitation Number: CRFQ 0613 VNF2400000015
Total Bid: 208000
Response Date: 2024-07-03
Response Time: 09:03:18
Comments:

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

Vendor Signature X	FEIN#	DATE
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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	Nursing services				208000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

Nurse Practioner for the WVVNF



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

Proc Folder: 1453834			Reason for Modification: Addendum No. 1
Doc Description: Nurse Practioner			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-07-02	2024-07-16 13:30	CRFQ 0613 VNF2400000015	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000010799
Vendor Name : Prime Time Healthcare LLC
Address : 18010
Street : Burt St.
City : Elkhorn
State : NE **Country :** Untied States **Zip :** 68022
Principal Contact : Jamie Schroder
Vendor Contact Phone: 4025055168 **Extension:**

FOR INFORMATION CONTACT THE BUYER

David H Pauline
304-558-0067
david.h.pauline@wv.gov

Vendor Signature X *Jamie Schroder* **FEIN#** **DATE** 7/3/2024

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

ADDITIONAL INFORMATION
Addendum No. 1
To provide responses to the Vendor Technical Questions, see attached.
Bid opening remains July 16, 2024, at 1:30 pm., est.
No other changes.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG US	WV	CLARKSBURG US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Nursing services		Hours	\$100	208,000

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
Nurse Practioner for the WVVNF

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 am., est.	2024-07-01

	Document Phase	Document Description	Page 3
VNF240000015	Final	Nurse Practioner	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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304-558-0067
david.h.pauline@wv.gov

Vendor Signature X *Jamie Schroder* **FEIN#** **DATE** 7/3/2024

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CLARKSBURG US	WV	CLARKSBURG US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
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Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
Nurse Practioner for the WVVNF

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 am., est.	2024-07-01

SOLICITATION NUMBER: CRFQ VNF2400000015

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ VNF2400000015 to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought.
- ☒ To respond to technical questions
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

Additional Documentation:

1. To respond to vendor technical questions, see attached.
2. Bid opening date and time remains July 16, 2024, at 1:30 pm., est.
3. No other changes.

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.

Nurse Practitioner

CRFQ VNF24000000015

Vendor Questions & Answers

- Q1. Is this a new contract or renewal of an existing contract?
- A1. New
- Q2. If there is an existing contract, could you please share the names of the current vendors and their pricing?
- A2. None
- Q3. What is the estimated budget for this contract?
- A3. We do not provide this information.
- Q4. Is it mandatory to subcontract?
- A4. No. We prefer vendors not to subcontract.
- Q5. Could you please provide information on the daily duration of shifts required for the necessary professions? For example, the number of hours per day?
- A5. Three (3) days per week, 8 hours per day as described in Section 4.16 of the Specifications.
- Q6. Do we need to submit the actual resume of the candidate for the role of Nurse Practitioner along with our response?
- A6. No, see Section 4.3 of Specifications.
- Q7. How many candidates' resumes do we need to submit within our response?
- A7. Resumes are not required with the bid. After award, resumes must be submitted until a candidate is placed in the facility.
- Q8. Could you please confirm why the previously released "solicitation 1340813, Nurse Practitioner" was canceled?
- A8. To change requirements from 5 days a week to 3 days a week.
- Q9. How is this newly released bid different from solicitation 1340813, Nurse Practitioner?
- A9. See A8 above
- Q10. Is there any set aside goal for this bid?
- A10. See Section 16 of the "Instructions to Vendors Submitting Bids" in the Solicitation.

Q11. Is this a newly launched project? If no, kindly provide the incumbent details.

A11. Yes

Q12. What is the tentative budget for this project?

A12. We do not provide this information.

Q13. As per the point 32 in the RFQ document-“In accordance with West Virginia Code of State Rules 148-1-6.1. e, Vendor must be licensed and in good standing in accordance with any and all state and local laws requirements by any state or local agency of West Virginia.” Please confirm whether the mentioned certifications should be provided in the response of the bid or after the award of the bid.

A13. Vendor may submit with bid; however, these items must be provided prior to award or Vendor may be disqualified.

Q14. Can you clarify whether or not the resume is needed in this proposal? If yes, Actual resume or Sample resume.

A14. See A7 above.

Q15. Can you clarify the specific format of Technical Proposal?

A15. Each vendor may have their own format, however, see Section 5 of Specifications regarding bid submittals.

Q16. Do you require the references of the firm? If yes, how many?

A16. No, but they may be provided with bid if vendor desires.

Q17. What is the evaluation criteria for this CRFQ?

A17. See Section 5 of the Specifications.

Q18. Is this a new initiative? If not, please provide the names of the current vendor(s) providing the services.

A18. New

Q19. Can you please let us know the previous spending of this contract?

A19. N/A

Q20. Please confirm if there is any local preference.

A20. No

Q21. Please confirm if we can get the proposals or pricing of the incumbent(s)

A21. N/A

Q22. Are there any pain points of issues with the current vendor(s)?

A22. N/A

Q23. Please confirm the anticipated number of awards.

A23. One (1)

END OF QUESTIONS AND ANSWERS

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF2400000015

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:

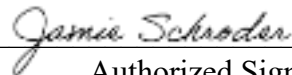
(Check the box next to each addendum received)

- | | |
|----------------------------------------------------|------------------------------------------|
| <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.

Prime Time Healthcare

Company



Authorized Signature

7/3/2024

Date

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