



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

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: 000000109245

SO Doc ID: VNF2400000015

Legal Name: JAYKAY INC

Published Date: 7/2/24

Alias/DBA: JAYKAY INC

Close Date: 7/16/24

Total Bid: \$115,000.00

Close Time: 13:30

Response Date: 07/15/2024

Status: Closed

Response Time: 8:11

Solicitation Description: Nurse Practioner

Responded By User ID: MichelleMc

Total of Header Attachments: 2

First Name: Michelle

Total of All Attachments: 2

Last Name: McCatty

Email: mmccarty@jaykaymedicalk

Phone: 8004425441



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 ESR07152400000000314	1

VENDOR
000000109245
JAYKAY INC

Solicitation Number: CRFQ 0613 VNF2400000015
Total Bid: 115000 Response Date: 2024-07-15 Response Time: 08:11:43
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				115000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: As per grand total on Exhibit A Pricing Page

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:
Doc Description: Nurse Practioner			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-06-26	2024-07-16 13:30	CRFQ 0613 VNF2400000015	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000109245
Vendor Name : JayKay Services INC dba JayKay Medical Staffing
Address : 2058
Street : Classique Lane
City : Tavares
State : Florida **Country :** USA **Zip :** 32778
Principal Contact : Nancy Malika
Vendor Contact Phone: 909-372-6382 **Extension:**

FOR INFORMATION CONTACT THE BUYER

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

Vendor
Signature X

FEIN# 200131316

DATE 7/15/2024

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

ADDITIONAL INFORMATION
The West Virginia Purchasing Division, is soliciting bids on behalf of the WV Veterans Nursing Facility located at 1 Freedom Way, Clarksburg, WV, to establish an open-end contract for a Nurse Practioner per the attached specifications and documentation.

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Nursing services	1	hr.	\$92.00	\$92.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
 Nurse Practioner for the WVVNF

SCHEDULE OF EVENTS		
Line	Event	Event Date
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

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: 000000109245

Vendor Name : JayKay Services INC dba JayKay Medical Staffing

Address : 2058

Street : Classique Lane


City : Tavares

State : Florida **Country :** USA **Zip :** 32778

Principal Contact : Nancy Malika

Vendor Contact Phone: 909-372-6382 **Extension:**

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

Vendor Signature X  **FEIN#** 200131316 **DATE** 7/15/2024

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	1	hr.	\$92.00	\$92.00

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:

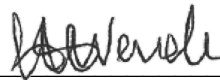
(Check the box next to each addendum received)

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

JayKay Services INC dba JayKay Medical Staffing

Company



Authorized Signature

7/15/2024

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.

(Printed Name and Title) Nancy Malika, General Manager

(Address) 2058 Classique Lane, Tavares FL 32718

(Phone Number) / (Fax Number) (800) 442-5441 / (800) 805-9016

(email address) Nmalika@jaykaymedicalstaffing.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.

JayKay Services, Inc dba JayKay Medical Staffing

(Company)

Nancy Malika

(Signature of Authorized Representative)

Nancy Malika, General Manager 7/15/24

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

(800) 442-5441 / (800) 805-9016

(Phone Number) (Fax Number)

Nmalika@jaykaymedicalstaffing.com

(Email Address)

REQUEST FOR QUOTATION – CRFQ VNF24*15
NURSE PRACTITIONER

- 8.2** Vendor will be responsible for controlling cards and keys and will pay replacement fee of \$100 per occurrence if the cards or keys become lost or stolen.
- 8.3** Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

9. MISCELLANEOUS:

- 9.1 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 9.2 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

- 10. CONTRACT MANAGER:** Vendor must designate and maintain a primary manager responsible for overseeing Vendor's responsibilities under the contract. The manager must be available during normal business hours to address any customer service issues related to the contract and/or purchase orders.

Vendor Name JayKay Services INC dba JayKay Medical Staffing

Contract Manager Nancy Malika

Telephone Number 800-442-5441

Fax Number 800-809-0158

Email Address nmalika@jaykaymedicalstaffing.com

Exhibit A - Pricing Page - CRFQ VNF24*15
Nurse Practitioner

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Total
1	Nurse Practitioner Hourly Rate	1,250	\$92.00	\$ 115,000 - 00
			Grand Total	\$ 115,000-00

*Estimated number of hours is not guaranteed.

*Time for calls during non-working hours must be allocated for in the vendors total bid. Specifications 4.28

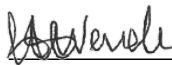
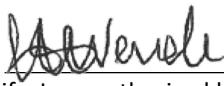
Vendor Information			
Vendor:	JayKay Services INC dba JayKay Medical Staffing	Printed Name:	Nancy Malika
Address:	2058 Classique Lane	Title:	General Manager
	Tavares, Florida 32778	*Signature	
Office Phone:	800-442-5441	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone:	909-372-6382		
Fax:	800-805-9016	Email:	nmalika@jaykaymedicalstaffing.com

Exhibit A - Pricing Page - CRFQ VNF24*15
Nurse Practioner

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Total
1	Nurse Practitioner Hourly Rate	1,250	\$92.00	\$ 115,000.00
			Grand Total	\$ 115,000.00

*Estimated number of hours is not guaranteed.

*Time for calls during non-working hours must be allocated for in the vendors total bid. Specifications 4.28

Vendor Information			
Vendor:	JayKay Services, INC dba JayKay Medical Staffing	Printed Name:	Nancy Malika
Address:	2058 Classique Lane Tavares, Florida 32778	Title:	General Manager
Office Phone:	800-442-5441	*Signature	
Cell Phone:	909-372-6382	*I hereby certify I am authorized by the Vendor to sign this document.	
Fax:	800-805-9016	Email:	nmalika@jaykaymedicalstaffing.com