



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
MMB10069

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
804-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

NATHAN STEWART

Trustaff Travel Nurses LLC
4270 Glendale Milford Rd
Cincinnati, OH 45242

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705

304-525-7801

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
12/29/2009				
BID OPENING DATE:	01/28/2010			

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
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OPEN-END BLANKET CONTRACT

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HR 964-65
HOURLY RATE: - RN 2 ALL INCLUSIVE FEE.

OPEN END CONTRACT - RFQ

TO PROVIDE AN OPEN END CONTRACT FOR "LOCUM TENENS" FOR PSYCHIATRIC REGISTERED NURSES (RN) OR LICENSED PRACTICAL NURSE(S) (LPN) WITH PSYCHIATRIC EXPERIENCE (MINIMUM 1 YEAR) TO MEET THE STAFFING REQUIREMENTS OF AN ADULT PSYCHIATRIC HOSPITAL, MILDRED MITCHELL-BATEMAN HOSPITAL LOCATED AT 1530 NORWAY AVENUE, HUNTINGTON, WV, PER THE ATTACHED SPECIFICATIONS.

TERM: UPON AWARD AND CONTINUE FOR A PERIOD OF ONE YEAR WITH THE OPTION OF RENEWING FOR TWO (2), ONE (1) YEAR PERIODS

THIS WILL BE A PROGRESSIVE AWARD CONTRACT AND THE AWARD WILL BE MADE ACCORDING TO EACH VENDOR'S BID RESPONSE AND LOWEST COST. LOW BID WILL BE DESIGNATED AS MMB10069A, NEXT LOWEST BID WILL BE DESIGNATED AS MMB10069B, AND SO ON. THE AGENCY WILL CONTACT VENDOR "A" FIRST TO PROVIDE THEIR NEEDS. IF VENDOR "A" CANNOT PROVIDE SERVICES, AGENCY WILL GO TO VENDOR "B", AND SO ON. EACH VENDOR THAT RESPONDS WHO MEETS SPECIFICATIONS, WILL BE AWARDED A CONTRACT

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS PURCHASE ORDER/CONTRACT

1. **ACCEPTANCE:** Seller shall be bound by this order and its terms and conditions upon receipt of this order
2. **APPLICABLE LAW:** The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract
3. **NON-FUNDING:** All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30
4. **COMPLIANCE:** Seller shall comply with all Federal, State and local laws, regulations and ordinances including, but not limited to, the prevailing wage rates of the WV Division of Labor
5. **MODIFICATIONS:** This writing is the parties final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer
6. **ASSIGNMENT:** Neither this Order nor any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent
7. **WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the Buyer; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship
8. **CANCELLATION:** The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
9. **SHIPPING, BILLING & PRICES:** Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in this Order.
10. **LATE PAYMENTS:** Payments may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the *West Virginia Code*.
11. **TAXES:** The State of West Virginia is exempt from Federal and State taxes and will not pay or reimburse such taxes
12. **RENEWAL:** Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."



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HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

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EXHIBIT 3						
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON						
AWARD AND EXTENDS FOR A PERIOD OF ONE (1)						
YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS						
NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE						
ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL						
NOT EXCEED TWELVE (12) MONTHS DURING THIS "REASONABLE						
TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY						
REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS						
WRITTEN NOTICE						
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE						
IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND						
PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE						
CONTRACT						
RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL						
WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR,						
SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30)						
DAYS PRIOR TO THE EXPIRATION DATE SUCH RENEWAL SHALL						
BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE						
ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE						
(1) YEAR PERIODS						
CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE						
RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN						
NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES						
SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM						
TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN						
OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY						
AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN						
MARKET, WITHOUT THE FILING OF A REQUISITION OR COST						
ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR						
IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN						
CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANS-						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

GNATURE	TELEPHONE	DATE
FILE	FEIN	
ADDRESS CHANGES TO BE NOTED ABOVE		

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PORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)

QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.

ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.

BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.

THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.

REV 05/26/2009
EXHIBIT 4

LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL

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TLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.

REV. 3/88

INQUIRIES:

WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 1/12/2009. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:

ROBERTA WAGNER
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WV 25311

FAX: 304-558-4115
E-MAIL: ROBERTA.A.WAGNER@WV.GOV

PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
FILE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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12/29/2009				

BID OPENING DATE: 01/28/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.						
NOTICE						
A SIGNED BID MUST BE SUBMITTED TO:						
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						
PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER:-----RW/FILE 22-----						
RFQ NO :-----MMB10069-----						
BID OPENING DATE:-----1/28/2010-----						
BID OPENING TIME:-----1:30 PM-----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						

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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTACT PERSON (PLEASE PRINT CLEARLY):						
1002	1	HR		964-65		
OVERTIME RATE: - RN 2 ALL INCLUSIVE FEE						
003	1	HR		964-65		
HOURLY RATE: - RN 3 ALL INCLUSIVE FEE						
004	1	HR		964-65		
OVERTIME RATE: - RN 3 ALL INCLUSIVE FEE						
005	1	HR		964-65		
HOURLY RATE: - LPN ALL INCLUSIVE FEE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
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BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0006	1	HR		964-65		
OVERTIME RATE: - LPN ALL INCLUSIVE FEE.						
***** THIS IS THE END OF RFQ MMB10069 ***** TOTAL:						

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1.1 PURPOSE: to obtain an open end contract for "locum tenens" registered psychiatric nurse(s) (RN) and licensed practical nurse(s) (LPN) with psychiatric experience (min 1 year) to meet the staffing requirements of an acute care adult psychiatric hospital, Mildred Mitchell-Bateman Hospital (MMBH) MMBH is a division of the Bureau for Behavioral Health and Health Facilities, a division of the State of West Virginia's Department of Health and Human Resources

1.2 LABELING OF SECTIONS:

1.2.1 Mandatory Requirements: Any specification or statement containing the word "must", "shall", or "will" are mandatory

1.2.2 Contract Terms and Conditions: Section "3" details the contractual terms and conditions under which the State of West Virginia will enter into a contract

2.1 LOCATION: Mildred Mitchell-Bateman Hospital is located at 1530 Norway Avenue, Huntington, West Virginia 25705 The hospital is a 110 bed State supported acute care, psychiatric hospital It is accredited by the Joint Commission on Accreditation of Health Care Organization (JCAHO) and Center for Medicare and Medicaid Services (CMS)

3.1 GENERAL REQUIREMENTS: The request is to obtain multiple vendors to provide registered psychiatric nurse(s) (RN) and licensed practical nurse(s) (LPN) with psychiatric experience (min 1 year) to provide treatment to mentally ill citizens from a thirteen county catchment area

3.2 MANDATORY REQUIREMENTS: Vendor agrees to assure and document the competency of the staff being engaged and to provide documentation of the aforementioned services to Mildred Mitchell-Bateman Hospital, when requested The competency assessment must include age-specific and cultural competencies for services provided to patients For each qualified and acceptable candidate to the Hospital, the vendor agrees to provide staff with the qualifications listed in Exhibit 1 and 2

Vendor agrees to maintain documents and supply to Mildred Mitchell-Bateman Hospital upon request, documentation of primary source verification of all pertinent licenses and/or certification

3.2.1 Vendor "must" present a copy of its West Virginia Business Certificate and any other license it may be required to hold by the nature of its operation

3.2.2 All costs must be incorporated into the vendor's all-inclusive fee together with all administrative and overhead costs to provide the services

Hourly Rate is defined as an hourly wage rate for a minimum of 40 hours per week and includes all payroll taxes, worker's compensation & liability insurance expenses, any and all other expenses

Overtime Rate is defined as an hourly wage rate for work performed in excess of the hourly rate above

Holiday Rate is defined as a straight hourly rate for work performed during a WV State government holiday(s) and includes all payroll taxes, worker's compensation insurance expenses, any and all other expenses

Holiday rates will apply from midnight to midnight, for the following days and may also apply when additional holidays are observed by the state owned facility:
New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day

- 3 2 1 **INSURANCE REQUIREMENTS:** The Vendor as an independent Contractor is solely liable for the acts and omissions of its employees and agents. Proof of insurance will be provided by the Vendor at the time the contract is awarded. The Vendor will maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts, and omissions on the part of the Vendor, its agents and employees in the following amounts:
- a for bodily injury (including death): \$500,000.00 per person a minimum of \$1,000,000.00 per occurrence
 - b for property damage and professional liability: a minimum of \$1,000,000.00 per occurrence
- 3 2 2 **LICENSE REQUIREMENTS:** Provide certification that Vendor is registered with the Secretary of State's Office to do business in West Virginia; provide evidence that Vendor is in good standing with the State Agency of Employment Programs as to Unemployment Compensation coverage and Worker's Compensation coverage or exempt from such coverage.
- 3 2 3 **DEBARMENT AND SUSPENSION:** Successful vendor **must** certify that no entity, agency or person associated with the vendor is debarred or suspended. Vendor **will** not be considered in proposal process if debarred or suspended.
- 3 2 4 **COMPLIANCE WITH LAWS AND REGULATIONS:** Vendor shall pay any sales, use and personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment delivered pursuant hereto shall be borne by vendor. Vendor shall comply with all applicable laws, rules, and regulations including, but not limited to those related to hospital licensure, state and federal laws, and laws, rules and policies related to the Department of Health and Human Resources.
- 3 2 5 **TERM OF CONTRACT AND RENEWALS:** This contract will be effective (date set upon award) and shall extend for the period of one (1) year, at which time the contract may, upon mutual consent, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of two (2) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period the Vendor may terminate the contract for any reason upon giving the Agency ninety (90) days written notice. Notice by Vendor of intent to terminate will not relieve Vendor of the obligation to continue to provide services pursuant to the terms of the contract.
- Any change in Federal or State law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the Vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the Vendor by the Agency and of such other provisions of the contract that are affected. If such renegotiation proves unsuccessful, the contract may be terminated by the State upon written notice to the Vendor at least thirty (30) days prior to termination of this contract.
- 3 2 6 **NON-APPROPRIATION OF FUNDS:** If the Agency is not allotted funds in any succeeding fiscal year for the continued use of the service covered by this contract by the West Virginia Legislature, the Agency may terminate the contract at the end of the affected current fiscal period without further charge or penalty. The Agency shall give the Vendor written notice of

such non-allocation of funds as soon as possible after the Agency receives notice. No penalty shall accrue to the Agency in the event this provision is exercised.

3 2 7 **TERMINATION OF THE CONTRACT:** The Purchasing Director may terminate a contract resulting from this RFQ with a 30 day written notice anytime the vendor fails to carry out its responsibilities under the terms of this Contract. The Hospital shall provide the vendor and the Purchasing Division with notice of conditions endangering performance. If after such notice the vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the department shall issue the vendor an order to stop all work immediately. The department shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

3 2 8 **CHANGES TO THE CONTRACT:** The terms and conditions in this contract shall supersede any and all subsequent terms and conditions which may appear on any attached printed documents such as price lists, order forms, sales agreements or maintenance agreements, including any electronic medium such as CD-Rom. Any contractual changes must be approved and a written Change Order issued by the Purchasing Division of the Department of Administration. Vendor shall not initiate any changes without the written approval of the Purchasing Division.

Evaluation and Award of Contract

This shall be a progressive award contract and the award will be made according to each Vendor's bid response and lowest cost. Low bid will be designated as MMB10069A; next lowest bid will be designated as MMB10069B, and so on. The agency will contact Vendor "A" first to provide their needs. If Vendor "A" cannot provide services, agency will go to Vendor "B", and so on.

COST SHEET**VENDOR TO COMPLETE BELOW:**

Company Name trustaff
 Address 4270 GLENDALE MILFORD RD, CINTI OH 45242
 Contact Person NATHAN STEWART Phone 677-880 0346

Coverage and Rates:**Registered Psychiatric Nurse RN2**

RN2: Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus one year of full-time or equivalent part-time paid experience as a registered professional nurse or Baccalaureate degree in nursing from an accredited four college year or university.

Hourly Rate: \$ 90.00 RN All inclusive

Overtime Rate: \$ 65.00 RN All inclusive

Holiday Rate: \$ 65.00 RN All inclusive

Registered Psychiatric Nurse RN 3

RN3: Baccalaureate degree in nursing from an accredited four-year college or university and two years of full-time or equivalent part-time paid experience as a registered professional nurse or successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program and three years of experience as a registered professional nurse or professional certification from a recognized national nursing certifying organization as a nurse or nurse practitioner in the area of assignment plus two years of full-time or equivalent part-time paid experience as a registered professional nurse
 Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus baccalaureate degree in the health sciences or behavioral sciences and two years of full-time or equivalent part-time paid experience in nursing or Master's degree in nursing from an accredited four-year college or university

Hourly Rate: \$ 52.00 RN All inclusive

Overtime Rate: \$ 67.60 RN All inclusive

Holiday Rate: \$ 67.60 RN All inclusive

License Practical Nurse (LPN)

LPN must have a current West Virginia License or temporary permit to practice as a licensed practical nurse LPN must have successfully completed a course in intravenous therapy and training in venipuncture permits the LPN to start intravenous fluids

Hourly Rate: \$ 42.00 RN All inclusive

Overtime Rate: \$ 54.60 RN All inclusive

Holiday Rate: \$ 54.60 RN All inclusive

Minimum Qualifications and Responsibilities for: Psychiatric Registered Nurses

QUALIFICATIONS:

Must have a West Virginia Board of Nurses license

Nurse 2: Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus one year of full-time or equivalent part-time paid experience as a registered professional nurse or Baccalaureate degree in nursing from an accredited four college year or university

Nurse 3: Baccalaureate degree in nursing from an accredited four-year college or university **and** two years of full-time or equivalent part-time paid experience as a registered professional nurse or successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program **and** three years of experience as a registered professional nurse or professional certification from a recognized national nursing certifying organization as a nurse or nurse practitioner in the area of assignment **plus** two years of full-time or equivalent part-time paid experience as a registered professional nurse Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus baccalaureate degree in the health sciences or behavioral sciences and **two years** of full-time or equivalent part-time paid experience in nursing or Master's degree in nursing from an accredited four-year college or university.

RESPONSIBILITIES:

Oversees the work of inexperienced RNs, LPNs and Health Service Trainee, Health Service Worker, Health Service Assistants

Participate in Treatment Team meetings to develop individualized Treatment Plans, direct consultations, receive and give recommendations to and from other disciplines to maximize positive behavioral results, etc

Administers medications as prescribed by treating physician

Ensures timely documentation into patient's electronic medical records, per Mildred Mitchell-Bateman Hospital policies, procedures and common practice

Oversees reactions to medical and psychiatric emergencies

May testify in court and commitment hearings, when necessary

Responds to inquiries of family members, advocates, or other interested parties, ensuring adherence to confidentiality laws, HIPAA regulations, etc

Minimum Qualifications and Responsibilities for: Licensed Practical Nurses**QUALIFICATIONS:**

Current West Virginia License or temporary permit to practice as a licensed practical nurse
Successful completion of course in intravenous therapy and training in venipuncture permits the LPN to start intravenous fluids

RESPONSIBILITIES:

Assists professional medical staff in providing direct nursing care to patients, including medical treatments, administering medications, giving injections, and assisting in care planning and recording

Takes and records temperature, blood pressure, pulse and respiration; collects blood and specimens for testing; may continue and/or discontinue intravenous fluids; administers medications according to the patient care plan

Ensures timely documentation into patient's electronic medical records, per Mildred Mitchell-Bateman Hospital policies, procedures and common practice

Screens patients and records medical information; assists physician and registered nurse in examinations and treatments; sets up and cleans examination area; gives injections and immunizations; instructs patients in the use of medications and possible side effects

Provides for the emotional and physical comfort and safety of patients

Assists in response to medical and psychiatric emergencies

Assists patients with activities of daily living such as grooming and personal hygiene and encourages appropriate self esteem

May testify in court and commitment hearings, when necessary

Responds to inquiries of family members, advocates, or other interested parties, ensuring adherence to confidentiality laws, HIPAA regulations, etc

RFQ No mmB10069STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate

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

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: trustaff travel nursesAuthorized Signature: [Signature] Date: 1/20/10State of Ohio DOUGLAS M. DEAN, VP of SALESCounty of Warren, to-wit:Taken, subscribed, and sworn to before me this 20 day of January, 20 10My Commission expires 1/6, 20 12

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

DIANNE L. BEIERSDORFER
NOTARY PUBLIC
FOR THE STATE OF OHIO
MY COMMISSION EXPIRES JANUARY 6, 2012

Dianne L. Beiersdorfer
Notary Public, State of Ohio
Commission Expires January 6, 2012

Purchasing Affidavit (Revised 12/15/09)

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37 (Does not apply to construction contracts) *West Virginia Code*, §5A-3-37 provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1 Application is made for 2.5% resident vendor preference for the reason checked:

- ☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- ☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- ☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2 Application is made for 2.5% resident vendor preference for the reason checked:

- ☐ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3 Application is made for 2.5% resident vendor preference for the reason checked:

- ☐ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4 Application is made for 5% resident vendor preference for the reason checked:

- ☐ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5 Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6 Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: trustaff travel nurses

Signed: [Signature]

Date: 1/20/10

Title: DOUGLAS M. DEAN, V.P. OF SALES

*Check any combination of preference consideration(s) indicated above which you are entitled to receive.

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 9/2/2009												
PRODUCER (859) 431-1235 FAX: (859) 431-0437 Chas. H. Bilz Insurance Agency, Inc. 412 Madison Avenue Post Office Box 12666 Covington KY 41012-0666		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Truststaff Management, Inc. 4270 Glendale-Milford Rd Cincinnati OH 45242		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Employers Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Employers Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Employers Insurance														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS																		
INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input 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"/> PROJ. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCCZ91443073019	9/1/2009	9/1/2010	<table><tr><td>WC STATUTORY LIMITS</td><td>OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr></table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
WC STATUTORY LIMITS	OTHER																	
E.L. EACH ACCIDENT		\$ 1,000,000																
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																
		OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 States Covered: AK, AI, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

CERTIFICATE HOLDER Truststaff Management Inc 4270 Glendale-Milford Road Cincinnati, OH 45242	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE James A. Berger
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CERTIFICATE OF DISTINCTION

has been awarded to

Trustaff
Cincinnati, OH

for

Health Care Staffing

by



The Joint Commission

based on a review of compliance with national standards

February 4, 2009

Certification is customarily valid for up to 24 months.

David A. Whiston, D.D.S.
Chairman of the Board

Organization ID #411313

Print/Reprint Date: 5/29/09

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org



Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)

Trustaff Travel Nurses LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership

☒ Limited liability company. Enter the tax classification (D=disregarded entity C=corporation, P=partnership) ▶ **P.....**

☐ Other (see instructions) ▶ **LLC-Multiple**

☐ Exempt
payee

Address (number, street, and apt or suite no.)

4270 Glendale Milford Road

City, state, and ZIP code

Cincinnati, OH 45242

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

20

3563640

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Carol L. Anderson

Date ▶

04/01/08

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID AW TRU-S-1	DATE (MM/DD/YYYY) 05/08/09
PRODUCER THE HAUSER GROUP 8260 Northcreek Dr. Suite 200 Cincinnati OH 45236 Phone: 513-745-9200 Fax: 513-745-9219		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Truststaff Management, Inc. dba Truststaff 4270 Glendale Milford Road Cincinnati OH 45242		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Interstate Fire & Casualty	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	ASO1000787	05/10/09	05/10/10	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 1,000
		<input checked="" type="checkbox"/> Professional	ASO1000787	05/10/09	05/10/10	PERSONAL & ADV INJURY	\$ 1,000,000
		\$1Mill/\$3Mill				GENERAL AGGREGATE	\$ 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	ASO1000787	05/10/09	05/10/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS					
		<input type="checkbox"/> HIRED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
		<input type="checkbox"/>				AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	XSO1301059	05/10/09	05/10/10	EACH OCCURRENCE	\$ 7,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 7,000,000
		<input type="checkbox"/>					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT	\$
A		OTHER					
		Sexual/Physical Abuse	ASO1000787	05/10/09	05/10/10	Employee Benefits	\$1,000,000
		\$100,000 OCC/\$300,000 AGG					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Fidelity/Employee Dishonesty Coverage - \$100,000 Limit/\$1,000 dedt;
Hartford Fire Insurance Company - Effective 02.18.09 to 02.19.10

CERTIFICATE HOLDER

CANCELLATION

BLANKHO <p style="text-align: center;">For Information Purposes</p>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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