



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 304-558-0067

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

Capitol Medical
 3857 Teays Valley Road, Suite5
 Hurricane, WV 25526

SHIP TO

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
01/13/2010				

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

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 1</p> <p>1. QUESTIONS AND ANSWERS ARE ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.: MMB10069</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO M PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO. S:</p> <p>NO. 1 ✓</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL</p>						

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 2010 JAN 26 AM 9:59
 WV PURCHASING
 DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE <i>Donal C. Paw</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE President	FEIN 02-0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>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.</p> <p style="text-align: center;"> <i>Carol A. Spaul</i> SIGNATURE <i>Capitol Medical Staffing</i> COMPANY <i>01/20/2010</i> DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

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SIGNATURE <i>Carol A. Spaul</i>	TELEPHONE 304-757-0237	DATE 01/20/2010	
TITLE President	FEIN 02-0632806	ADDRESS CHANGES TO BE NOTED ABOVE	

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	HR		964-65		
				HOURLY RATE: - RN 2 ALL INCLUSIVE FEE.		
0002	1	HR		964-65		
				OVERTIME RATE: - RN 2 ALL INCLUSIVE FEE.		
0003	1	HR		964-65		
				HOURLY RATE: - RN 3 ALL INCLUSIVE FEE.		
0004	1	HR		964-65		
				OVERTIME RATE: - RN 3 ALL INCLUSIVE FEE.		
0005	1	HR		964-65		
				HOURLY RATE: - LPN ALL INCLUSIVE FEE.		

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SIGNATURE <i>David C. Spaul</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
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OVERTIME RATE: - LPN ALL INCLUSIVE FEE.						
***** THIS IS THE END OF RFQ MMB10069 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Charles Paul</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE President	FEIN 02-0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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MMB10069 Addendum #1-“Locum Tenens” Psychiatric RN, LPN

Response to vendor questions:

Question 1:

What is the estimated usage under the progressive award contract over the next twelve (12) months for the RN2, RN3, and LPN job titles?

Response 1:

Unknown, depends upon filling vacancies that exist now of 4 RNs and 4 LPNs.

Question 2:

What is the historical usage under the progressive award contract over the past twelve (12) months for the RN2, RN3, and LPN job titles?

Response 2:

During the past 12 months we used an average of seven RN3s and 3 LPNs.

Question 3:

Who are the current progressive contract holders for these services and what are their hourly rates?

Response 3:

No contract existed in the past for locum tenen psychiatric RN's and LPN's with psychiatric experience.

Question 4:

What is the fee associated with accepting payments via the State of West Virginia VISA Purchasing Card?

Response 4:

This does not apply to this contract. This is a “locum tenen” contract which means that the vendor pays the candidate and then invoices the facility.

Question 5:

Do you know what shifts the Nurses are needed?

Response 5:

The nurses are needed for dayshift.

Question 6:

Will the shifts be guaranteed 8 hours or longer?

Response 6:

Yes.

Question 7:

Is this "as needed" hours or do you have a long-term assignment (full time-4 weeks +) for travel nurses?

Response 7:

We have a long-term assignment for travel nurses.

Question 8:

Do you want a full proposal AND the quote mailed to you or just the quote sheet since this is an RFQ?

Response 8:

The quote sheet is fine.



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0001	1	HR		964-65		
<p>OPEN-END BLANKET CONTRACT</p> <p>HOURLY RATE: - RN 2 ALL INCLUSIVE FEE.</p> <p>OPEN END CONTRACT - RFQ</p> <p>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.</p> <p>TERM: UPON AWARD AND CONTINUE FOR A PERIOD OF ONE YEAR WITH THE OPTION OF RENEWING FOR TWO (2), ONE (1) YEAR PERIODS.</p> <p>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.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carol Spauld</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE President	FEIN 02-0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>EXHIBIT 3</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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-</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>David Grant</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
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<p>PORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>REV. 05/26/2009 EXHIBIT 4</p> <p>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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Charles Spaul</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE President	FEIN 02-0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>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.</p> <p>REV. 3/88</p> <p>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:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Robert Wagner</i>	304-757-0237	01/20/2010
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	02 063 2806	

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<p>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.</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ NO.:-----MMB10069-----</p> <p>BID OPENING DATE:-----1/28/2010-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Donald Spurr</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE <i>President</i>	FEIN 02 0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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CONTACT PERSON (PLEASE PRINT CLEARLY):						
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HOURLY RATE: - LPN ALL INCLUSIVE FEE.						

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SIGNATURE	TELEPHONE	DATE
<i>Douglas Spaul</i>	304-757-0237	01/20/2010
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	02-0632806	

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OVERTIME RATE: - LPN ALL INCLUSIVE FEE.						
***** THIS IS THE END OF RFQ MMB10069 ***** TOTAL:						

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SIGNATURE <i>Daryl S. ...</i>	TELEPHONE 304-757-0237	DATE 01/20/2010
TITLE President	FEIN 02 0632806	ADDRESS CHANGES TO BE NOTED ABOVE

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

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 Capitol Medical
 Address 3857 Teays Valley Rd., Suite 5, Hurricane, WV 25526
 Contact Person Doug Spaulding Phone (304) 757-0237

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: \$ 45.00 RN All inclusive

Overtime Rate: \$ 67.50 RN All inclusive.

Holiday Rate: \$ 67.50 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: \$ 48.00 RN All inclusive.

Overtime Rate: \$ 72.00 RN All inclusive

Holiday Rate: \$ 72.00 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: \$ 30.00 RN All inclusive

Overtime Rate: \$ 45.00 RN All inclusive

Holiday Rate: \$ 45.00 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. mmb10069

STATE 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 exceed 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: CAPITOL MEDICAL

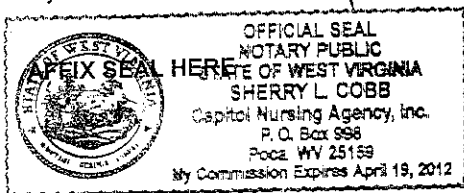
Authorized Signature: [Signature] Date: 01/20/2010

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 21st day of January, 2010.

My Commission expires April 19, 2012.



NOTARY PUBLIC [Signature]

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: CAPITOL MEDICAL Signed: *Douglas Paul*
 Date: 01/20/2010 Title: President

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



ALTERNATE BID FOR A TRAVELER

**For: Mildred Mitchell-Bateman Hospital
1530 Norway Avenue
Huntington, WV 25705**

**By: Capitol Medical
3857 Teays Valley Road, Suite 5
Hurricane, WV 25526**

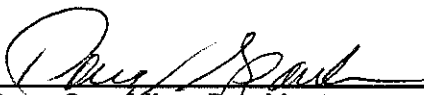
Date: January 25, 2010

“Traveler” is defined as someone traveling 75 miles or more on a long-term contract of more than four weeks.

Hourly rate includes all payroll expenses and housing and travel expenses (if required).

Hourly Rate: \$55.00 per hour (RN-2 and RN-3)

Hourly Rate: \$35.00 per hour (LPN)



**Doug Spaulding, President
Capitol Medical, Inc.**

01/25/2010

Date

Print Name of Authorized Representative for Mildred Mitchell-Bateman Hospital

Signature

Date