



Proposal to:

West Virginia State Purchasing Division

For

West Virginia Statewide Temporary Services Contract

(TEMP14)

By

West Virginia Association of Rehabilitation Facilities, Inc.

400 Allen Drive, Suite 100

Charleston, WV 25302

304-205-7970 (P) * 304-205-7915 (F)

Contact Person: Aaron Jones, Interim Executive Director

ajones@wvarf.org


Aaron Jones, Interim Executive Director

01/06/14
Date

01/06/14 03:31:38PM
West Virginia Purchasing Division



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

Solicitation

NUMBER
TEMP14

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

*709052549 304-205-7970
 WV ASSOC OF REHAB FACILITIES
 400 ALLEN DR STE 100
 CHARLESTON WV 25302

SHIP TO

ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED
12/05/2013

RECEIVED DEC 10 2013

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
STATEWIDE OPEN-END CONTRACT						
THE PURCHASING DIVISION IS SOLICITING BIDS FOR A STATEWIDE OPEN-END CONTRACT TO PROVIDE TEMPORARY WORKER SERVICES FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS.						
0001	1	JB		946-10-01-001		
				TEMPORARY EMPLOYEE SERVICES		
***** THIS IS THE END OF RFQ TEMP14 ***** TOTAL:						

SIGNATURE <i>Carol D. Jones</i>	TELEPHONE 304-205-7970	DATE 1-6-2014
TITLE Interim Exec. Director	FEIN 55-0633886	ADDRESS CHANGES TO BE NOTED ABOVE

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: TEMP14

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 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.

West Virginia Association of Rehabilitation Facilities, Inc.
 Company

Caron D. Jones

Authorized Signature

01/06/14

Date

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

Revised 6/8/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

West Virginia Association of Rehabilitation Facilities, Inc.
(Company)

Aaron D. Jones
(Authorized Signature)

Aaron D. Jones, Interim Executive Director
(Representative Name, Title)

304-205-7970 304-205-7915
(Phone Number) (Fax Number)

1/06/14
(Date)

REQUEST FOR QUOTATION
[TEMP14] [Statewide Temporary Staffing Services]

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Mary Jones
Telephone Number: 304-205-7970 ext. 207
Fax Number: 304-205-7915
Email Address: mjones@wvarf.org

Vendor Name: West Virginia Association of Rehabilitation Facilities, Inc.
 # Years Providing Temporary Services: 19
 Contact Person: Mary Jones
 Phone#: (304) 205-7970
 Fax #: (304) 305-7915

REGION I: Hancock, Brooke, Ohio, Marshall, Wetzel, Monongalia, Marion, Harrison, Doddridge, Gilmer, Pleasants, Calhoun, Wirt, Wood, Tyler, Ritchie

CLASSIFICATION		Worker Pay	Withholding	Overhead	TOTAL
1	Accounting Technician 2	8.50	2.13	0.85	11.97
2	Administrative Services Assistant 1	8.15	2.04	0.82	11.47
3	Administrative Services Assistant 2	8.50	2.13	0.85	11.97
4	Cook	9.00	2.25	0.90	12.67
5	Custodian	8.00	2.00	0.80	11.26
6	Data Entry Operator 2	8.00	2.00	0.80	11.26
7	Executive Secretary	8.50	2.13	0.85	11.97
8	Groundskeeper	8.00	2.00	0.80	11.26
9	Health Service Worker (CNA)	10.00	2.50	1.00	14.08
10	Laboratory Assistant	No WVARF BID			
11	Laborer	8.00	2.00	0.80	11.26
12	Mail Runner	8.00	2.00	0.80	11.26
13	Office Assistant 2	8.00	2.00	0.80	11.26
14	Office Assistant 3	8.25	2.06	0.83	11.61
15	Painter	9.00	2.25	0.90	12.67
16	Paralegal	No WVARF BID			
17	Parking Attendant	8.00	2.00	0.80	11.26
18	Word Processor	8.25	2.06	0.83	11.61

REFERENCES - REGION 1

Company Name WV Veterans Nursing Facilities
 Representative Sherri Reed/Donna Smith
 Address One Freedom Way, Clarksburg, WV 26301
 Telephone No. 304-626-1600

Company Name WV Division of Natural Resources
 Representative Lt. Jon Cogar
 Address 1110 Railroad Street, Farmington, WV 26671
 Telephone No. 304-825-6787

Company Name WV Division of Environmental Protection
 Representative Betty Cox
 Address 105 S. Railroad Street, Philippi, WV 26416
 Telephone No. 304-457-3219

Signature: 

Date: 1-6-2014

Vendor Name:	<u>West Virginia Association of Rehabilitation Facilities, Inc.</u>
# Years Providing Temporary Services:	<u>19</u>
Contact Person:	<u>Mary Jones</u>
Phone#:	<u>(304) 205-7970</u>
Fax #:	<u>(304) 305-7915</u>

REGION II: Mason, Cabell, Wayne, Mingo, Logan, Boone, Lincoln, Kanawha, Putnam, Roane, and Jackson

CLASSIFICATION		Worker Pay	Withholding	Overhead	TOTAL
1	Accounting Technician 2	8.50	2.13	0.85	11.97
2	Administrative Services Assistant 1	8.15	2.04	0.82	11.47
3	Administrative Services Assistant 2	8.50	2.13	0.85	11.97
4	Cook	9.00	2.25	0.90	12.67
5	Custodian	8.00	2.00	0.80	11.26
6	Data Entry Operator 2	8.00	2.00	0.80	11.26
7	Executive Secretary	8.50	2.13	0.85	11.97
8	Groundskeeper	8.00	2.00	0.80	11.26
9	Health Service Worker (CNA)	10.00	2.50	1.00	14.08
10	Laboratory Assistant	No WVARF BID			
11	Laborer	8.00	2.00	0.80	11.26
12	Mail Runner	8.00	2.00	0.80	11.26
13	Office Assistant 2	8.00	2.00	0.80	11.26
14	Office Assistant 3	8.25	2.06	0.83	11.61
15	Painter	9.00	2.25	0.90	12.67
16	Paralegal	No WVARF BID			
17	Parking Attendant	8.00	2.00	0.80	11.26
18	Word Processor	8.25	2.06	0.83	11.61

REFERENCES - REGION II

Company Name	<u>WV Department of Health & Human Resources</u>
Representative	<u>Connie McQuaid</u>
Address	<u>350 Capitol Street, Room 165 Charleston, WV 25301</u>
Telephone No.	<u>304-356-4103</u>

Company Name	<u>WV State Tax Department</u>
Representative	<u>George Mitchell</u>
Address	<u>1001 Lee Street, PO Box 11748, Charleston, WV 25330-1748</u>
Telephone No.	<u>304-558-0761</u>

Company Name	<u>WV Division of Motor Vehicles</u>
Representative	<u>Terri Casto</u>
Address	<u>5707 McCorkle Avenue, SE Charleston WV 25317</u>
Telephone No.	<u>304-558-4247 (Kanawha Mall)</u>

Signature: Mary Jones

Date: 1/6/2014

**Pricing Page - TEMP14
REGION III**

34

Vendor Name:
Years Providing Temporary Services:
Contact Person:
Phone#:
Fax #:

West Virginia Association of Rehabilitation Facilities, Inc.
19
Mary Jones
(304) 205-7970
(304) 305-7915

REGION: Lewis, Upshur, Randolph, Pendleton, Hardy, Grant, Hampshire, Mineral, Morgan, Berkeley, Jefferson, Tucker, Barbour, Taylor, Preston

CLASSIFICATION		Worker Pay	Withholding	Overhead	TOTAL
1	Accounting Technician 2	8.50	2.13	0.85	11.97
2	Administrative Services Assistant 1	8.15	2.04	0.82	11.47
3	Administrative Services Assistant 2	8.50	2.13	0.85	11.97
4	Cook	9.00	2.25	0.90	12.67
5	Custodian	8.00	2.00	0.80	11.26
6	Data Entry Operator 2	8.00	2.00	0.80	11.26
7	Executive Secretary	8.50	2.13	0.85	11.97
8	Groundskeeper	8.00	2.00	0.80	11.26
9	Health Service Worker (CNA)	10.00	2.50	1.00	14.08
10	Laboratory Assistant	No WVARF BID			
11	Laborer	8.00	2.00	0.80	11.26
12	Mail Runner	8.00	2.00	0.80	11.26
13	Office Assistant 2	8.00	2.00	0.80	11.26
14	Office Assistant 3	8.25	2.06	0.83	11.61
15	Painter	9.00	2.25	0.90	12.67
16	Paralegal	No WVARF BID			
17	Parking Attendant	8.00	2.00	0.80	11.26
18	Word Processor	8.25	2.06	0.83	11.61

REFERENCES - REGION III

Company Name WV Department of Health & Human Resources
 Representative Cindy Fleming
 Address 15 Grant Street, Petersburg, WV 26847
 Telephone No. 304-257-4211

Company Name WV Division of Environmental Protection
 Representative Betty J. Cox
 Address 105 S. Railroad Street, Philippi, WV 26416
 Telephone No. 304-457-3219

Company Name WV Division of Highways
 Representative Letha Lamb / Kandy McKinney
 Address Rt. Brushy Fork Road, Buckhannon, WV 26201
 Telephone No. 304-473-5372

Signature: Mary Jones

Date: 1-6-2014

Vendor Name: West Virginia Association of Rehabilitation Facilities, Inc.
 # Years Providing Temporary Services: 19
 Contact Person: Mary Jones
 Phone#: (304) 205-7970
 Fax #: (304) 305-7915

REGION IV: Braxton, Clay, Nicholas, Fayette, Raleigh, Wyoming, McDowell, Mercer, Summers, Greenbrier, Pocahontas, Webster, Monroe

CLASSIFICATION		Worker Pay	Withholding	Overhead	TOTAL
1	Accounting Technician 2	8.50	2.13	0.85	11.97
2	Administrative Services Assistant 1	8.15	2.04	0.82	11.47
3	Administrative Services Assistant 2	8.50	2.13	0.85	11.97
4	Cook	9.00	2.25	0.90	12.67
5	Custodian	8.00	2.00	0.80	11.26
6	Data Entry Operator 2	8.00	2.00	0.80	11.26
7	Executive Secretary	8.50	2.13	0.85	11.97
8	Groundskeeper	8.00	2.00	0.80	11.26
9	Health Service Worker (CNA)	10.00	2.50	1.00	14.08
10	Laboratory Assistant	No WVARF BID			
11	Laborer	8.00	2.00	0.80	11.26
12	Mail Runner	8.00	2.00	0.80	11.26
13	Office Assistant 2	8.00	2.00	0.80	11.26
14	Office Assistant 3	8.25	2.06	0.83	11.61
15	Painter	9.00	2.25	0.90	12.67
16	Paralegal	No WVARF BID			
17	Parking Attendant	8.00	2.00	0.80	11.26
18	Word Processor	8.25	2.06	0.83	11.61

REFERENCES - REGION IV

Company Name WV Division of Tourism
 Representative Lynda Keeney
 Address 90 MacCorkle Avenue, SW, South Charleston, WV 25303
 Telephone No. 304-558-2200

Company Name Anthony Correctional Center
 Representative Tammie L. Alderman
 Address HC 70 - Box N-1, White Sulphur Springs, WV 24986
 Telephone No. 304-536-3911

Company Name WV Department of Health & Human Resources
 Representative Judy Hanna
 Address 200 Davis Street, Princeton, WV 24740
 Telephone No. 304-425-8915

Signature: 

Date: 1-6-2014

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.
- 7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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: WV Association of Rehabilitation Fac Signed: [Signature]

Date: 1-6-2014 Title: Interim Exec. Director

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: West Virginia Association of Rehabilitation Facilities, Inc.

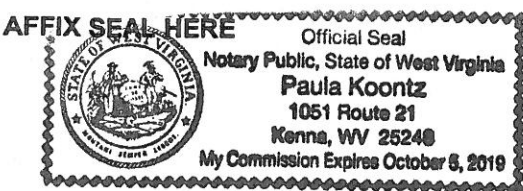
Authorized Signature: *Garon D. Jones* Date: 1/6/14

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 6 day of January, 2014.

My Commission expires October 5, 2019.



NOTARY PUBLIC *Paula Koontz*