

Proposal to:

West Virginia State Purchasing Division

For

West Virginia Statewide Temporary Services Contract
(TEMP14)

Ву

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

Date

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



*709052549

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

WV ASSOC OF REHAB FACILITIES

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NUMBER TEMP14

PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF:

RECEIVED DEC 1 0 2013

ROBERTA WAGNER 304-558-0067

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

304-205-7970

CHARLESTON WV 25302

400 ALLEN DR STE 100

| DATE PRINT | ΈD |
|------------------------------|-----|
| 12/05/2 BID OPENING DATE: | 013 |
| BID OPENING DATE: | |
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| | THE PURCHASI | NG DIV | ISION | IS SOLICITING B | IDS FOR A | | | |
| | STATEWIDE OP | EN-END | CONT | RACT TO PROVIDE | TEMPORARY WORKER AL SUBDIVISIONS. | | | |
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SIGNATURE TELEPHONE 304-205-1970 1-6-2014 FEIN 55-0633886

ADDRESS CHANGES TO BE NOTED ABOVE

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)

| | [1 | /] | Addendum No. 1 | [|] | Addendum No. 6 |
|------------------|--------------|-------------|---|---------------|--------------|--|
| | [|] | Addendum No. 2 | [|) | Addendum No. 7 |
| | |] | Addendum No. 3 |] |] | Addendum No. 8 |
| | [|] | Addendum No. 4 | [|] | Addendum No. 9 |
| | 1 |] | Addendum No. 5 | [|] | Addendum No. 10 |
| furthe discus | r un sion | ders hel | tand that any verbal representa d between Vendor's represent | ation ativ | n ma es a | Idenda may be cause for rejection of this bid. I ade or assumed to be made during any oral and any state personnel is not binding. Only the ifications by an official addendum is binding. |
| | | | | | | |

West Virginia Association of Rehabilitation Facilities,
Company

The

Authorized Signature

01/06/14

NOTE: This addendum acknowledgement 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 A (Company) | Association of Rehabilitation Fo | icilities, Inc. |
|--|----------------------------------|-----------------|
| (Authorized Signature) | Zne | |
| Aaron D. Jo (Representative Name, T | nes, Interim Executive Direct | or |
| 304-205-7970 | 304-205-7915 | |
| (Phone Number) | (Fax Number) | |
| 1/06/14 | | |
| (Date) | | |

WESTVIR-26

SKERNS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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|-------------|--|---------------|---------------|---|--|----------------------------|----------------------------|--|-------|-------------|
| | DUCER | | | | CONTAI NAME: | Susan N | | | | |
| 430 | nsey Insurance Agency, Inc. 1 MacCorkle Ave SE | | | | PHONE (A/C, No, Ext): (304) 925-6789 FAX (A/C, No): (304) 925-0149 | | | | | |
| Cha | rleston, WV 25304 | | | | E-MAIL ADDRE | ss: skerns@ | ramseyins | urance.com | | |
| | | | | | | INS | URER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | | INSURE | RA: Philade | Iphia Ins C | 0 | | 18058 |
| INSU | RED | | | a contract of the contract of | INSURE | RB: Hartfor | d Ins Co of | Midwest | | 37478 |
| | West Virginia Association of | F Doh | ahili | tation Excilition | INSURE | | | | | |
| | 400 Allen Drive, Suite 100 | IXCII | aviiii | tation i acinties | INSURE | RD: | | | | |
| | Charleston, WV 25302 | | | | INSURE | | | | | |
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| co | VERAGES CER | TIFIC | ATE | NUMBER: | INCOME | | 17100 | REVISION NUMBER: | | |
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| C | IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | EQUII PERT | REME ΓΑΙΝ, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A DED BY | NY CONTRAC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH RESPE | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | GENERAL LIABILITY | IIVOR | 44 A D | TOLIOT NOMBER | | (mm/DD/11111) | (MINIDUITITY) | T | \$ | 1,000,000 |
| Α | X COMMERCIAL GENERAL LIABILITY | | | PHPK1034217 | | 7/1/2013 | 7/1/2014 | DAMAGE TO RENTED | \$ | 100,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | | GENERAL AGGREGATE | \$ | 3,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 3,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| Α | X ANY AUTO | | | PHPK1034217 | | 7/1/2013 | 7/1/2014 | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | | | \$ | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB X OCCUR | | | | | - Marine - See | | EACH OCCURRENCE | \$ | 1,000,000 |
| Α | X EXCESS LIAB CLAIMS-MADE | | | PHUB424096 | | 7/1/2013 | 7/1/2014 | AGGREGATE | \$ | 1,000,000 |
| | DED X RETENTIONS 10,000 | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | 10 | | | X WC STATU- TORY LIMITS ER | | |
| В | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | 40WECPX1511 | | 12/30/2012 | 12/30/2013 | | \$ | 100,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | "" | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 13-20- | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | | | | Schedule, | if more space is | required) | | | |
| E/L I | Broad form is included under workers c | ompe | nsat | ion policy | | | | | | |
| Thir | y Day Cancellation Applies other than 1 | 0 day | / not | ice for non-payment of pre | emium | | | | | 8 |
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| | State of West Virginia | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B | | |
| | State of West Virginia | | | | ACC | ORDANCE WI | TH THE POLIC | CY PROVISIONS. | | |
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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: 304-205-1970 ext 207 |
| Fax Number: 304-205-7915 |
| Email Address: mjones & wvarf. org |

Pricing Page - TEMP14 REGION I

| 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

| | | | The same of the sa | | The second second second |
|----|-------------------------------------|------------|--|----------|--------------------------|
| | 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 |
| Common Nove | WW.D. |
| Company Name | WV Division of Environmental Protection |
| Representative | Betty Cox |
| Address | 105 S. Railroad Street, Philippi, WV 26416 |
| Telephone No. | 304-457-3219 |
| | |

Signature: //ary

Date: 1-6-2014

Pricing Page - TEMP14 REGION II

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

| Was | 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 | MODELLE SERVICE | |
| 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 | WV Department of Health & Human Resources |
|----------------|--|
| Representative | Connie McQuaid |
| Address | 350 Capitol Street, Room 165 Charleston, WV 25301 |
| Telephone No. | 304-356-4103 |
| Company Name | WV State Tax Department |
| Representative | George Mitchell |
| Address | 1001 Lee Street, PO Box 11748, Charleston, WV 25330-1748 |
| Telephone No. | 304-558-0761 |
| Company Name | WV Division of Motor Vehicles |
| Representative | Terri Casto |
| Address | 5707 McCorkle Avenue, SE Charleston WV 25317 |
| Telephone No. | 304-558-4247 (Kanawha Mall) |

Signature: Mary pries

Date: //6/2014

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 | | 11.00 |
| 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 | 0.50 | 12.07 |
| 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

| WV Department of Health & Human Resources |
|--|
| Cindy Fleming |
| 15 Grant Street, Petersburg, WV 26847 |
| 304-257-4211 |
| WV Division of Environmental Protection Betty J. Cox 105 S. Railroad Street, Philippi, WV 26416 304-457-3219 |
| WV Division of Highways |
| Letha Lamb / Kandy McKinney |
| Rt. Brushy Fork Road, Buckhannon, WV 26201 |
| 304-473-5372 |
| |

Signature

Date: 1-6-2014

Pricing Page - TEMP14 REGION IV

| 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 |
| Contact Person: Phone#: | Mary Jones (304) 205-7970 |

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 | | 22.07 |
| 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: Mary prices

Date: 1-6-2014

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

| 2 | with that the determination of the Resident Vendor Preference, if applicable. |
|-----------------------------------|--|
| 1. <u>X</u> | ing 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 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. |
| | 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 u requiren against s | inderstands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the nents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency sted from any unpaid balance on the contract or purchase order. |
| By subm | hission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and |

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: 🅢 | Association of | Rehabilitation Fac Signe | ed: Caro Jones | |
|-----------|----------------|--------------------------|------------------------|-------------|
| Date: | 1-6-2014 | Title: | Interim Exec. Director | |

| DEO No | TEMP14 |
|---------|--------|
| RFQ No. | |

Purchasing Affidavit (Revised 07/01/2012)

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: Association of Rehabilitation Facilities Inc. Authorized Signature: Taken, subscribed, and sworn to before me this 6 day of My Commission expires HERE NOTARY PUBLIC Official Seal Notary Public, State of West Virginia Paula Koontz

1051 Route 21 Kenna, WV 25248 My Commission Expires October 5, 2019 ****************