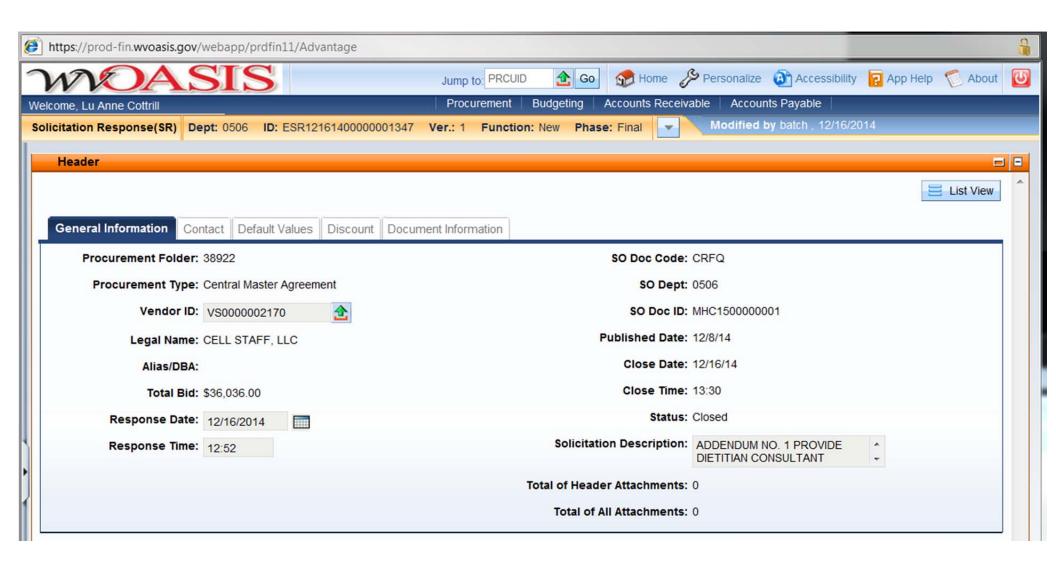


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the West Virginia Purchasing Bulletin within the Vendor Self-Service portal at wvOASIS.gov. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at WVPurchasing.gov with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State Of West Virginia Solicitation Response

Proc Folder: 38922

Solicitation Description: ADDENDUM NO. 1 PROVIDE DIETITIAN CONSULTANT SERVICES, OPEN-E

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2014-12-16	SR 0506 ESR1216140000001347	1
	13:30:00		

VENDOR

VS0000002170

CELL STAFF, LLC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick (304) 558-0067 robert.p.kilpatrick@wv.gov

Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Dietitian Consultant Services	840.00000	HOUR	\$42.90	

Comm Code	Manufacturer	Specification	Model #	
60105601				

Extended Description :

SECTION 4.1 PROVIDE DIETITIAN CONSULTANT SERVICES FOR JOHN MANCHIN SR HEALTH CARE CENTER

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: MHC1500000001

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.

Adden	du	m N	lumbers Received:			
			x next to each addendum rece	ive	i)	
	[]]	Addendum No. 1	I]	Addendum No. 6
	[]	Addendum No. 2	[]	Addendum No. 7
	[]	Addendum No. 3	[]	Addendum No. 8
	I	J	Addendum No. 4	[]	Addendum No. 9
	[]	Addendum No. 5	1]	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.

Cell Staff 1C

Company/

Authorized Signature

12/16/19

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012



Purchasing Divison 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia **Request for Quotation**

Proc Folder: 38922

Doc Description: ADDENDUM NO. 1 PROVIDE DIETITIAN CONSULTANT SERVICES, OPEN-E

Proc Type: Central Master Agreement

Date Issued Solicitation Closes Solicitation No Version 2014-12-08 2014-12-16 CRFQ 0506 MHC1500000001 2 13:30:00

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Mestshore Blvd, Ste 410 Tumpo, FL 33607

FOR INFORMATION CONTACT THE BUYER

Bryan Rosen (304) 558-0953

bryan.d.rosen@wv.gov

Signature X

46-4652638 DATE 12/16/14

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

INVOICE TO		SHIP TO		
PROCUREMENT OFFICER - 30	04-363-2500	PROCUREMENT OFFIC	CER - 304-363-2500	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES		
JOHN MANCHIN, SR HEALTH CARE		JOHN MANCHIN, SR HEALTH CARE		
401 GUFFEY ST		401 GUFFEY ST		
FAIRMONT	WV26554	FAIRMONT	WV 26554	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Dietitian Consultant Services	840.00000	HOUR	\$42.40	\$36,036.00

Comm Code	Manufacturer	Specification	Model #	
60105601	N/A	N/A	N/A	

Extended Description :

SECTION 4.1 PROVIDE DIETITIAN CONSULTANT SERVICES FOR JOHN MANCHIN SR HEALTH CARE CENTER

	Document Phase	Document Description	Page 3
MHC1500000001	Final	ADDENDUM NO. 1 PROVIDE DIETITI AN	of 3
		CONSULTANT SERVICES, OPEN-E	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Commission on Dietetic Registration

the credentialing agency for the Academy of Nutrition and Dietetics

Credential Verification

This certifies that

Angela J Tsao, #940738

has met all appropriate qualifications for dietetic registration, is in good standing, and is entitled to use the credential "Registered Dietitian" "RD" or "Registered Dietitian Nutritionist" "RDN"

beginning 10/02/2004, the original date of registration, through the period ending 8/31/2015

Date: 9/11/2014

Christine Reidy, RD
Executive Director

Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606
312/899-0040, extension 5500
cdr@eatright.org



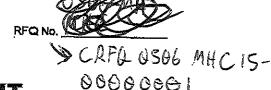


PRICING PAGE Oasis MHC1500000001

Column A	Column B	Column C	Column D	
Qty./Hrs.	Description	Hourly Rate	Price per Year	
840	Dietitian Consultant Services	\$42.90 -	\$36,036.00-	
	Hours are estimated from previous experience and will be used for	Grand Total:	\$36,036.00	
	evaluation purposes only.		1 + 2 U / V 10. VV	

^{**}Award will be made to the lowest bidder meeting all specifications.

Vendor Name:	Can Chile II
venuoi ivanie.	CCI Stair, IC
Vendor Address:	1715 N Westshore Blud
	Ste 416
	Tampa, FL 33607
Remit to Address:	Cell Staff 11c
	790 E Colorado Blva Ste 850
	Pasadena, CA 91101
Phone	855-561-1715
Fax	813-433-5159
Email	bigse cellstaff.com
Signature	Hoat Hail
Date	12/11/14/



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, cwnership 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.

MILNERS THE LOTTOMING S			
Vendor's Name: COM SAuthorized Signature:	Statt, 1/c	·	
Authorized Signature: 4	at Glun	Date:	16/14
State of			
County of	to-wit:		
Taken, subscribed, and sworn to	before me this day of		20
My Commission expires	, 20		
AFFIX SEAL HERE	NOTARY PUBLIC		
		Purchasing	Affidavit (Revised 07/01/2012)
AWII	notarize &	7 < Muil	Origina

Cell Staff will submit a copy of our candidates' WV Board of Licensed Dietitians license and all other required credentials after notification that we are the lowest bidder.