



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

State of West Virginia
Request for Quotation
34 - Service - Prof

Proc Folder: 211609

Doc Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2016-04-22 | 2016-05-19 13:30:00 | CRFQ 0212 SWC1600000009 | 1 |

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:

Augmentation, Inc
115 Atkins Center, Suite 20
Martinsburg, WV 25404
304-267-4994



FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
(304) 558-2307
mark.a.atkins@wv.gov

Signature X

FEIN # 520851012

DATE 5-16-16

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division is soliciting bids to establish a statewide open-end contract for 18 specific temporary job classifications commonly required by State Agencies, per the attached documents.

INVOICE TO:

ALL STATE AGENCIES
VARIOUS LOCATIONS AS INDICATED BY ORDER

No City WV99999
US

SHIP TO:

STATE OF WEST VIRGINIA
VARIOUS LOCATIONS AS INDICATED BY ORDER

No City WV 99999
US

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-----------------------------|---------|------------|------------|-------------|
| 1 | TEMPORARY EMPLOYEE SERVICES | 0.00000 | JOB | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111600 | | | |

Extended Description :
TEMPORARY EMPLOYEE SERVICES

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|--|------------|
| 1 | Technical Questions due by 4:00 pm EST | 2016-05-05 |

| | | | |
|--------------|--------------------------------|---|-----------------------|
| SWC160000009 | Document Phase Final | Document Description STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES | Page 3 of 3 |
|--------------|--------------------------------|---|-----------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REGION 3:

NOTE: If you do not cover entire region, circle counties where you do supply temporaries.

REQUEST FOR QUOTATION
CRFQ SWC160000009
TEMP16
Temporary Staffing Services

EXHIBIT A

0004/0020

MARTINSBURG

05/16/2016 2:06PM FAX 3042674032

| | | | | | | | | | | | | | | |
|-------|--------|----------|-----------|-------|-------|-----------|---------|--------|----------|-----------|--------|---------|--------|---------|
| Lewis | Upshur | Randolph | Pendleton | Hardy | Grant | Hampshire | Mineral | Morgan | Berkeley | Jefferson | Tucker | Barbour | Taylor | Preston |
|-------|--------|----------|-----------|-------|-------|-----------|---------|--------|----------|-----------|--------|---------|--------|---------|

| Classification | Worker Pay Rate | Withholding Rate | Overhead Rate | Total Rate* |
|-------------------------------------|-----------------|------------------|---------------|-------------|
| Accounting Technician 2 | 15 | 1.15 | 3.1 | 19.25 |
| Administrative Services Assistant 1 | 12 | 0.92 | 2.48 | 15.4 |
| Administrative Services Assistant 2 | 15 | 1.15 | 3.1 | 19.25 |
| Cook | No Bid | | | |
| Custodian | 11 | 0.84 | 2.67 | 14.51 |
| Data Entry Operator 2 | 12 | 0.92 | 2.48 | 15.4 |
| Executive Secretary | 15 | 1.15 | 3.1 | 19.25 |
| Groundskeeper | 11 | 0.84 | 3.02 | 14.86 |
| Health Service Worker | No Bid | | | |
| Laboratory Assistant 3 | No Bid | | | |
| Laborer | 11 | 0.84 | 2.67 | 14.51 |
| Mail Runner | 10 | 0.77 | 2.07 | 12.84 |
| Office Assistant 2 | 12 | 0.92 | 2.48 | 15.4 |
| Office Assistant 3 | 14 | 1.07 | 2.9 | 17.97 |
| Painter | No Bid | | | |
| Paralegal | 15 | 1.15 | 3.1 | 19.25 |
| Parking Attendant | No Bid | | | |
| Word Processor | 12 | 0.92 | 2.48 | 15.4 |

* Vendor should add their Worker Rate + Withholding Rate + Overhead Rate and enter that number into the Total Rate box.

Vendor Name: Augmentation Inc
 Contact Person: Katherine R. Mason
 Phone #: 304-267-4994
 Fax #: 304-267-4032
 Email: KRMason@Augmentation.com
 Signature: [Handwritten Signature]

Date: 5-16-16

RECEIVED TIME MAY. 16. 2:04PM

**REQUEST FOR QUOTATION
CRFQ-0212 SWC1600000009
TEMPORARY STAFFING SERVICES**

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. Immediate cancellation of the Contract.

10.2.2. Immediate 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: Katherine Mason
Telephone Number: 304-267-4994
Fax Number: 304-267-4032
Email Address: KMason@Augmentation.com

Revised 10/27/2014

RECEIVED TIME MAY. 16. 2:04PM

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Augmentation, Inc
(Company)

Katherine R. Mason, Katherine R. Mason, Director of Business Development
(Authorized Signature) (Representative Name, Title)

304-267-4994, 304-267-4032, 5-16-16
(Phone Number) (Fax Number) (Date)



Purchasing Division
2019 Washington Street East
Post Office Box 60130
Charleston, WV 25305-0130

State of West Virginia
Request for Quotation
34 - Service - Prof

Proc Folder: 211609

Doc Description: ADDENDUM_1:

Proc Type: Statewide MA (Open End)

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2016-05-11 | 2016-05-19 13:30:00 | CRFQ 0212 SWC1600000009 | 2 |

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:

Augmentation, Inc
115 Aikens Center, Suite 20
Martinsburg, WV 25404
304-267-4994

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
(304) 558-2307
mark.a.atkins@wv.gov

Signature X

FEIN # 52 0851012

DATE 5-16-16

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

ADDITIONAL INFORMATION

ADDENDUM_1: Is issued to publish the vendor questions with responses.
NO OTHER CHANGES

| INVOICE TO: | SHIP TO: |
|--|---|
| ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV99999 US | STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|-----------------------------|---------|------------|------------|-------------|
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RECEIVED TIME MAY. 16. 2:04PM

| | | | |
|---------------------|--------------------------------|---|-----------------------|
| SWC160000009 | Document Phase Final | Document Description ADDENDUM_1: SWC-TEMPORARY STAFFING SERVICES | Page 3 of 3 |
|---------------------|--------------------------------|---|-----------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

**ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:**

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.

Augmentation, Inc
Company

[Signature]
Authorized Signature

5-16-16
Date

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

VSS VENDOR REGISTRATION SUMMARY

**PLEASE
SAVE
FORM
RECORD**

VSS Vendor Registration Summary application must be faxed along with the w-9 for validation

Part I: Vendor Information

**1. Vendor Code:
VS0000004720**

**2. Legal Business Name:
Augmentation, Inc**

**3. Headquarters Account :
Yes**

**4. Headquarters Account Code :
VS0000004720**

**5. Headquarters Account Legal Name :
Augmentation, Inc**

**6. Headquarters Web Address
www.augmentation.com**

**7. Catalog DUNS:
072661572**

**8. Taxpayer ID Number :
520851012**

9. Taxpayer ID Number Type :
EIN

Part II: Organization Information

1. Org Type:
Company

2. Classification:
Corporation

3. Foreign Tax ID:

4. W-8 Form:

5. Detailed TIN:

6. Location Web Address:
www.augmentation.com

7. Number of Employees:
< 50

8. Annual Income:
5 - 10 million

9. Ordering DUNS:
072661572

10. Internet Catalog:

11. Preferred Ordering Method:
Electronic

12. PCard Acceptance level:

12. Location Name:
Augmentation, Inc

Part III: Legal Name Information

| | | | |
|---|--|---|--|
| 1. Legal Name On W-9: Augmentation, Inc | | 2. Business Name (Alias/DBA): Augmentation | |
| 3. First Name: | | 4. Middle Name: | |
| 5. Last Name: | | 6. Name on Check: Legal Name | |
| Part IV: 1099 TIN Information | | | |
| 1. Taxpayer Identification Number: 520851012 | | 2. TIN Type: FIN | |
| 3. 1099 Reportable : Yes | | | |
| Part V: Legal (1099) Address Information | | | |
| 1. Street 1: 115 Aikens Ctr | | 2. City: Martinsburg | |
| 3. State/Province: WV | | 4. Zip/Postal Code: 25404-6210 | |
| Part VI: EFT Information | | | |
| 1. ABA Number: | | 2. Bank Name: | |
| 3. Account Type: | | 4. Account Number: | |
| 5. Routing ID Number: | | 6. Remittance Advice Transmission Mode: | |
| Part VII: Discount Information | | | |

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| | | |
|--|---------------------------|--|
| 1. Number of Days 1: | 2. Discount Percent 1: | |
| 3. Number of Days 2: | 4. Discount Percent 2: | |
| 5. Number of Days 3: | 6. Discount Percent 3: | |
| 7. Number of Days 4: | 8. Discount Percent 4: | |
| Part VIII: Administrative Address | | |
| Address Information | | |
| 1. Street 1: 5104 Pegasus Ct | 2. Street 2: Ste C | |
| 3. City: Frederick | 4. State/Province: MD | |
| 5. Zip/Postal Code: 21704-8323 | 6. County: | |
| 7. Country: US | 8. Phone: 301-698-1070 | |
| 9. Additional Address Info: | 10. Division/Department: | |
| Contact Information | | |
| 1. Principal Contact: Nancy Hamilton | 2. Phone: 301-698-1070 | |

| | |
|------------------------------------|-----------------------------|
| 3. Phone Extension: | 4. Alternate Phone: |
| 5. Alternate Phone Extension: | 6. Fax Number: |
| 7. Fax Number Extension: | 8. Alternate Fax Number: |
| 9. Alternate Fax Number Extension: | 10. Email Address: |
| 11. Correspondence Type: | 12. English Spoken: true |

Part IX: Ordering Address**Address Information**

| | |
|--|--------------------------|
| 1. Street 1: 115 Aikens Ctr | 2. Street 2: |
| 3. City: Martinsburg | 4. State/Province: WV |
| 5. Zip/Postal Code: 25404-6210 | 6. County: |
| 7. Country: US | 8. Phone: 3047075105 |
| 9. Additional Address Info: 115 Aikens Center, Suite 20 | 10. Division/Department: |

Contact Information

| | |
|-----------------------|-----------|
| 1. Principal Contact: | 2. Phone: |
|-----------------------|-----------|

| | | |
|------------------------------------|--|---|
| Kathy Mason | | 3047075105 |
| 3. Phone Extension: | | 4. Alternate Phone: 3047075105 |
| 5. Alternate Phone Extension: | | 6. Fax Number: |
| 7. Fax Number Extension: | | 8. Alternate Fax Number: |
| 9. Alternate Fax Number Extension: | | 10. Email Address: kmason@augmentation.com |
| 11. Correspondence Type: | | 12. English Spoken: true |
| Part X: Billing Address | | |
| Address Information | | |
| 1. Street 1: | | 2. Street 2: |
| 3. City: | | 4. State/Province: |
| 5. Zip/Postal Code: | | 6. County: |
| 7. Country: | | 8. Phone: |
| 9. Additional Address Info: | | 10. Division/Department: |
| Contact Information | | |

| | | |
|------------------------------------|---------------------------|--|
| 1. Principal Contact: | 2. Phone: | |
| 3. Phone Extension: | 4. Alternate Phone: | |
| 5. Alternate Phone Extension: | 6. Fax Number: | |
| 7. Fax Number Extension: | 8. Alternate Fax Number: | |
| 9. Alternate Fax Number Extension: | 10. Email Address: | |
| 11. Correspondence Type: | 12. English Spoken: | |
| Part XI: Payment Address | | |
| Address Information | | |
| 1. Street 1: 5104 Pegasus Ct | 2. Street 2: Ste C | |
| 3. City: Frederick | 4. State/Province: MD | |
| 5. Zip/Postal Code: 21704-8323 | 6. County: | |
| 7. Country: US | 8. Phone: 301-698-1070 | |
| 9. Additional Address Info: | 10. Division/Department: | |

ERT Information

1. ABA Number:

2. Bank Name:

3. Account Type:

4. Account Number:

5. Routing ID Number:

6. Remittance Advice Transmission Mode:

Contact Information

1. Principal Contact:
Nancy Hamilton

2. Phone:
301-698-1070

3. Phone Extension:

4. Alternate Phone:

5. Alternate Phone Extension:

6. Fax Number:

7. Fax Number Extension:

8. Alternate Fax Number:

9. Alternate Fax Number Extension:

10. Email Address:

11. Correspondence Type:

12. English Spoken:
true

Part XII: Account Administrator Information

| | |
|--------------------------------------|--|
| 1. User Name: AugmentationInc1 | |
| 2. Name: KATTY MASON | |
| 3. Email: kmason@augmentation.com | |
| 4. Phone: 304-267-4944 | |

Part XIII: Commodities

| Commodity/Service Code | Commodity Description |
|------------------------|-----------------------|
|------------------------|-----------------------|

Part XIV: Business Types

| Business Type ID | Certification Number | Certification Start Date | Certification End Date |
|------------------|----------------------|--------------------------|------------------------|
|------------------|----------------------|--------------------------|------------------------|

Part XV: Service Areas

| Service Area Code | Service Area Zone |
|-------------------|-------------------|
|-------------------|-------------------|

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Augmentation, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any) **N/A**

(Applies to accounts maintained outside the U.S.)

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

5104 Pegasus Court, Suite C

6 City, state, and ZIP code

Frederick, MD 21704

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| Social security number | | | | | | | | |
|------------------------|--|--|---|--|--|--|--|--|
| | | | - | | | | | |

or

| Employer identification number | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 5 | 2 | - | 0 | 8 | 5 | 1 | 0 | 1 | 2 |

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person Nancy G. Hamilton Date 5/16/2016

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.