



**Winans Services**

# Fax

**To: Dept of Purchasing**

**From: Extras Support**

**Staffing**

**Fax: 304-485-7570**

**Pages: 15 including cover**

**Phone: 304-485-4000**

**Date: 5/19/16**

**Re: CRFQ0212 SWC16**

**CC:**

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

**● Comments:**

Attached is the temporary staffing bid from Extras Support Staffing/Winans Sanitary Supply Co., Inc, for Solicitation number CRFQ 0212 SWC160000009

SEALED BID: TEMPORARY STAFFING

BUYER: MARK ATKINS

SOLICITATION NO: CRFQ 0212 SWC16\*

BID OPENING DATE: 5/19/16

BID OPENING TIME: 1:30 PM EST

FAX NUMBER 304-558-3970

05/19/16 12:50:49  
WV Purchasing Division



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: 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:

Extras Support Staffing  
430 29th St.  
Parkersburg, WV 26102  
304-485-4000

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

*[Handwritten Signature]* FEIN # 550451730

DATE 5/19/16

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		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		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

	<b>Document Phase</b>	<b>Document Description</b>	<b>Page 3 of 3</b>
SWC1600000009	Final	ADDENDUM_1: SWC-TEMPORARY STAFFING SERVICES	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**SOLICITATION NUMBER: CRFQ SWC1600000009**  
**Addendum Number: 1**

---

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1. Vendor Questions and Responses attached.

No other changes made.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 6/8/2012

# ATTACHMENT A

Revised 6/8/2012

RECEIVED TIME MAY. 19. 12:45PM

**ADDENDUM\_1  
ATTACHMENT A****CRFQ 0212 SWC160000009  
TEMPORARY STAFFING SVCS****QUESTIONS AND RESPONSES****QUESTION 1:**

What is the definition of overhead rate?

**RESPONSE:**

Any fee, markup, or other sum of money that the vendor deems as cost associated with their ability to provide the services requested in the solicitation and is not a part of the Worker Pay Rate or "Withholding Rate" listed in Section 2 subsection 2.6 of the specifications.

**QUESTIONS 2:**

Is it single award or multiple award?

**RESPONSE:**

Multiple, please see Specification Section 5 Contract Award.

**QUESTION 3:**

Is there an incumbent on the RFP? If yes, please provide the incumbent details.

**RESPONSE:** There are multiple incumbents on the current contract that will expire on 5/18/2016. You may view the TEMP14 contract by visiting the synopsis tab within following web link:

<http://www.state.wv.us/admin/purchase/swc/TEMP.htm>

**QUESTION 4:**

Please let us know the last year's spending on the RFP.

**RESPONSE:**

2015fy spending is expected to exceed \$1.5 million dollars.

**QUESTION 5:**

What is the annual budget for this RFP?

**RESPONSE:**

The State does not release budgeting amounts. This is an open end contract that will require temporary workers on an "as needed" basis.

**QUESTION 6:**

Is it possible to receive the current Employee Pay Rate, Bill Rate and Markup for the current contract?

**RESPONSE:**

You may view the current contract Temp14 by going to the following link and selecting each contract for review.

<http://www.state.wv.us/admin/purchase/swc/TEMP.htm>

**QUESTION 7:**

How many temps do you currently have?

**RESPONSE:**

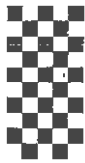
Information not available. This contract is state wide covering 4 Regions and 55 counties with numerous state agencies.

**QUESTION 8:**

Can you provide the approximate spend for each job class covered by the last contract?

**RESPONSE:**

See response to question 7.



**ADDENDUM\_1  
ATTACHMENT A**

**CRFQ 0212 SWC1600000009  
TEMPORARY STAFFING SVCS**

**QUESTIONS AND RESPONSES**

**QUESTION 9:**

Can we bid category wise for this requirement?

**RESPONSE:**

Vendors may bid only one, all, or any number of classifications they wish to provide Temporary Workers.

**QUESTION 10:**

What you need in response like, resume, company references, hourly rate etc.?

**RESPONSE:**

Please review all documents for this solicitation and respond accordingly. Resumes and company references are not required. Please submit Bids in accordance with the specifications as written.

**QUESTION 11:**

How many resources required for this project?

**RESPONSE:**

Do not understand what "resources" being referred to. All requirements for this solicitation may be viewed by entering the public access tab on the following web link:

<https://prod-fin->

[vss.wvoasis.gov/webapp/prdvss11/AltSelfService?openDoc=openDoc&DocumentCode=CRFO&DepartmentCode=0212&DocumentID=SWC1600000009&DocumentVersNo=1&Destination=pSolicitation](https://prod-fin-vss.wvoasis.gov/webapp/prdvss11/AltSelfService?openDoc=openDoc&DocumentCode=CRFO&DepartmentCode=0212&DocumentID=SWC1600000009&DocumentVersNo=1&Destination=pSolicitation)

**QUESTION 12:**

If there is a current contract in place, what was the total spend under it for 2015? What is the anticipated total annual spend under the new contract?

**RESPONSE:**

For current contract, please see response for Questions 3 and 6.

For total spend 2015, please see response for Question 4.

There is no anticipated total spend on this contract. Agencies will utilize the contract on an "as needed" basis.

**QUESTION 13:**

Addendum Acknowledgement Form would only need to be submitted if we receive additional Addendums for this RFQ?

**RESPONSE:**

Vendor is to acknowledge all addenda received.

**QUESTION 14:**

Is there a Mandatory Pre-Bid Meeting? And if so...place and time...nothing was checked, but I just want to make sure.

**RESPONSE:**

No Mandatory Pre-Bid Meeting for this solicitation.



**ADDENDUM\_1  
ATTACHMENT A****CRFQ 0212 SWC1600000009  
TEMPORARY STAFFING SVCS****QUESTIONS AND RESPONSES****QUESTION 15:**

When submitting our Bid information into the WV Oasis System, Is our Login & Password the identifier that links the submitted information to each specific vendor such as XXXXXXXXXXXX?

**RESPONSE:**

Your login and password in the Vender Self Service (VSS) Is an identifier and will link to the taxpayer id number associated with the Login Id.

**NOTE:** this solicitation does not permit an online response in WVOASIS due to the complexity of the pricing page bld scenario (i.e. classification, region, county, etc.).

**QUESTION 16:**

Can you provide Temporary Staffing Services spend by Region over the last 1 year renewal period?

**RESPONSE:**

Regional spend information Is not available. For anticipated total spend information please see response to Question 4.

**QUESTION 17:**

Paragraph 5.2 of the RFQ Specifications state that a Pricing Page for each region that we bid on must be filled out in its entirety or it may be rejected. Does that mean we must quote rates for all 18 classification, or can we quote rates just for the services we wish to provide?

**RESPONSE:**

Please see response to question 9. Also, sections 5.2 states "should" complete in its entirety, not "must". The intent is to provide complete information for each classification the vendor is interested in providing Temp Workers. Failure to list all the information for the classification (i.e. Worker Rate, Withholding Rate, Overhead Rate, Total Rate, Region, County, etc.) may result in bid disqualification.

**QUESTION 18:**

Paragraph 2.6 of the RFQ Specifications defines "Withholding". Is that the same definition for the cost listed on the Pricing Page, Withholding Rate? Since withholding is a cost to the employee only, can you further define what costs should be included in the Withholding Rate?

**RESPONSE:**

"Withholding" as defined in 2.6 of the RFQ Specifications and the pricing pages "Withholding Rate" are the same.

**QUESTION 19:**

Paragraph #15 of the General Terms and Conditions state that vendors are responsible for any sale tax that arises from this contract. However, it also state that the State of WV is exempt form "state and federal taxes". Does that include being exempt from state sales and municipal taxes?

**RESPONSE:**

Per item #15 of the General Terms and Conditions, the State of WV is exempt from Federal and State taxes and will not reimburse back to the vendor such taxes.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: SWC160000009**

**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.

Extras Support Staffing / Winans Sanitary  
 Company Supply Co., Inc.  
 S-F-W  
 \_\_\_\_\_  
 Authorized Signature

5/19/16  
 \_\_\_\_\_  
 Date

**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, 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.

Extras Support Staffing/Winans Sanitary Supply Co, Inc  
(Company)

S. F. Winans  
(Authorized Signature) (Representative Name, Title)

304-485-4000      5/19/16  
(Phone Number) (Fax Number) (Date)

Revised 10/27/2015

RECEIVED TIME MAY. 19. 12:48PM

REGION 1:

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

RECEIVED TIME MAY 19 12:48PM

05-19-16:12:55 ; From:

To: 13045583970

; 3044850771

# 12 / 15

Classification	Worker Pay Rate	Withholding Rate	Overhead Rate	Total Rate*
Accounting Technician 2	\$15.00	\$3.75	\$6.00	\$24.75
Administrative Services Assistant 1	\$15.00	\$3.75	\$6.00	\$24.75
Administrative Services Assistant 2	\$16.00	\$4.00	\$6.40	\$26.40
Cook	\$11.00	\$4.00	\$3.15	\$18.15
Custodian	\$11.00	\$4.00	\$3.15	\$18.15
Data Entry Operator 2	\$15.00	\$3.75	\$6.00	\$24.75
Executive Secretary	\$20.00	\$5.00	\$8.00	\$33.00
Groundskeeper	\$11.00	\$4.00	\$3.15	\$18.15
Health Service Worker	\$20.00	\$5.00	\$8.00	\$33.00
Laboratory Assistant 3	\$20.00	\$5.00	\$8.00	\$33.00
Laborer	\$11.00	\$4.00	\$3.15	\$18.15
Mail Runner	\$11.00	\$4.00	\$3.15	\$18.15
Office Assistant 2	\$15.00	\$3.75	\$6.00	\$24.75
Office Assistant 3	\$16.00	\$4.00	\$6.40	\$26.40
Painter	\$15.00	\$3.75	\$6.00	\$24.75
Paralegal	\$30.00	\$7.50	\$12.00	\$49.50
Parking Attendant	\$11.00	\$4.00	\$3.15	\$18.15
Word Processor	\$15.00	\$3.75	\$6.00	\$24.75

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

Vendor Name: Extras Support Staffing/Wimans Sanitary Supply Inc.  
 Contact Person: Mark Enoch  
 Phone #: 304-485-4000 ext. 111  
 Fax #: 304-485-7570  
 Email: Mark.Enoch@extrasstaffing.com

Signature: [Handwritten Signature]

Date: 5/19/16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2016

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).

<b>PRODUCER</b> The Hilb Group of West Virginia LLC DBA City Insurance Professionals P. O. Box 1068 Scott Depot WV 25560		<b>CONTACT NAME:</b> Catherine Gerichten <b>PHONE (A/C, No. Ext):</b> (304) 926-7407 <b>FAX (A/C, No.):</b> (304) 926-7433 <b>E-MAIL ADDRESS:</b> Catherine.Gerichten@hilbgroup.com																						
<b>INSURED</b> Extras Support Staffing, Inc. 430 29th Street P.O. Box E PARKERSBURG WV 26101		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>State Auto Mutual</td> <td>25135</td> </tr> <tr> <td>INSURER B:</td> <td>Berkley Insurance Company</td> <td>32603</td> </tr> <tr> <td>INSURER C:</td> <td>Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State Auto Mutual	25135	INSURER B:	Berkley Insurance Company	32603	INSURER C:	Federal Insurance Company	20281	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	State Auto Mutual	25135																						
INSURER B:	Berkley Insurance Company	32603																						
INSURER C:	Federal Insurance Company	20281																						
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES** CERTIFICATE NUMBER: **CL1641333463** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RBP2654420	4/15/2016	4/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		DAP2375215	4/15/2016	4/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		PBP2654420	4/15/2016	4/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Employment Practices Liab		1459100	4/15/2016	4/15/2017	\$1,000,000 per claim
C	Crime Coverage		8221-7077	3/1/2016	3/1/2017	\$1,000,000 per claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Evidence of Insurance

<b>CERTIFICATE HOLDER</b> Purchasing Division 2019 Washington Street, E P.O. Box 50130 Charleston, WV 25305-0130	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE C Gerichten/CMG <i>Catherine Gerichten</i>
--	--

RECEIVED TIME MAY. 19. 12:48PM

WV-10  
Approved / Revised  
08/01/15

# 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 Vendor Preference, if applicable.

- 1.  **Application is made for 2.5% 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% 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% 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% 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% 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% 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: Extras Support Staffing

Signed: 

Date: May 18, 2016

Title: President

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 exceeds 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: Extras Support Staffing

Authorized Signature: [Signature] Date: May 18, 2016

State of West Virginia

County of Wood, to-wit:

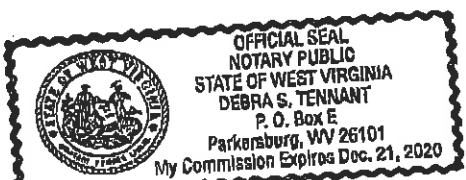
Taken, subscribed, and sworn to before me this 19 day of May, 2016.

My Commission expires Dec. 21, 2020, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

*Purchasing Affidavit (Revised 06/01/2015)*



RECEIVED TIME MAY. 19. 12:48PM