



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: 268309

Doc Description: ADDENDUM\_1: Direct Care Staffing Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-01-09	2017-01-19 13:30:00	CRFQ 0506 BHS1700000003	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:

Jaykay, Inc  
 PO Box 577  
 Tavares, FL 32778

800-442 5441 xt 103

01/19/17 08:42:46  
 WV Purchasing Division

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 200-131316

DATE 01-18-2017

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

**ADDITIONAL INFORMATION:**

ADDENDUM\_1: Is issued to publish the Vendor questions with the Agency responses.

NO OTHER CHANGES

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHHR), the Bureau for Behavioral Health & Health Facilities (BBHFF), to establish an Open-End Direct Care Staffing contract for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs), to comply with staffing needs of the seven (7) State owned and operated facilities and the West Virginia Childrens Home, per attached documents.

NOTE: The contract awarded as a result of this solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment\_1: Provisions Required for Federally Funded Procurements.

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	1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS	1000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS. (estimated hours)

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
2	1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS.	300.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS. (estimated hours)

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
3	1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS	40.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**  
1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS. (estimated hours)

INVOICE TO		SHIP TO	
PURCHASING AGENT - 304-356-4802 HEALTH AND HUMAN RESOURCES BBH/HF 350 CAPITOL ST, RM 350		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301-3702	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS,	1000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**  
2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS, (estimated hours)

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
5	2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS	300.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS. (estimated hours)

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
6	2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS.	40.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS. (estimated hours)

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
7	3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS	1000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS. (estimated hours)

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
8	3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS	300.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS. (estimated hours)

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
9	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS	40.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80111606			

**Extended Description :**

3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS. (estimated hours)

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Technical Questions due by 4:00 pm EST	2017-01-05

<b>BHS170000003</b>	<b>Document Phase</b> Final	<b>Document Description</b> ADDENDUM_1: Direct Care Staffing Services	<b>Page 6</b> <b>of 6</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Ezra Ndolo, Vice President  
(Name, Title)

Ezra Ndolo vice president  
(Printed Name and Title)

PO Box 577, Tavares, FL 32778  
(Address)

800 442 5441 xt 103 Fax 800 ~~745~~ 805 9016  
(Phone Number) / (Fax Number)

Ezran@JayKaystaffing.com  
(email address)

**CERTIFICATION AND SIGNATURE:** 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.

JayKay, Inc  
(Company)

Ezra Ndolo Vice president  
(Authorized Signature) (Representative Name, Title)

Ezra Ndolo Vice president  
(Printed Name and Title of Authorized Representative)

January 18, 2017  
(Date)

800 442 5441 xt 103 Fax 800 805 9016  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO 0506 BHS1700000003**

**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 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 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.

Jay Kay, Inc  
Company

[Signature]  
Authorized Signature

January 18, 2017  
Date

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



REQUEST FOR QUOTATION  
CRFQ 0506 BHS1700000003  
Direct Care Staffing Services

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

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

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

11.1.4. Failure to remedy deficient performance upon request

11.2. The following remedies shall be available to the Agency upon default.

11.2.1. Cancellation of the Contract.

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

11.2.3. Any other remedies available in law or equity.

**12. MISCELLANEOUS:**

**12.1. Contract Manager:** During the 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:**

Purity Ndolo

**Telephone Number:**

800 442 5441 xt 101

**Fax Number:**

800 805 9016

**Email Address:**

purityn@gaykaystaffing.com

Direct Care Staffing Services

Item #	Classification	Estimated # of Hours*	Unit Price	Extended Price
#1	<b>4.1.1 Registered Nurse (RN)</b>			
	A. Regular Hours	1,000	\$69	\$69000.00
	B. Overtime Hours	300	\$85.00	\$25500.00
	C. Holiday Hours	40	\$85.00	\$3400.00
	<b>Total Classification Cost</b>			<b>\$97900.00</b>
#2	<b>4.1.2 Licensed Practical Nurse (LPN)</b>			
	A. Regular Hours	1,000	\$45	\$45000.00
	B. Overtime Hours	300	\$67.00	\$20100.00
	C. Holiday Hours	40	\$67.00	\$2680.00
	<b>Total Classification Cost</b>			<b>\$67780.00</b>
#3	<b>4.1.3 Certified Nursing Assistant (CNA)</b>			
	A. Regular Hours	1,000	\$29.00	\$29000.00
	B. Overtime Hours	300	\$42.00	\$12600.00
	C. Holiday Hours	40	\$42.00	\$1680.00
	<b>Total Classification Cost</b>			<b>\$43280.00</b>
<b>GRAND TOTAL COST</b>				<b>\$208960.00</b>

All Rates are all inclusive (see Specification 4.2.3 & 4.2.6)

This is a progressive award contract with multiple vendors. Award will be made from low bid to high bid (Grand Total Cost) and facility usage will be prioritized in the same manner. If the low bid cannot meet the needs of the facility when solicited, the next lowest bid will be awarded until such time as the facility's needs can be met.

\* The number of hours is only an estimation to be used for bid, each request for staffing may require more or less hours than stated above.

Please Print Information Below.

Company Name: Jaykay, INC

Sales Representative: Ezra Ndolo

Vendor Address: PO BOX 577 Tavares, FL 32778

Vendor Phone: 800-442-5441 xt 103

Email Address: Ezran@jaykaystaffing.com

Remit to Address: APF/F/B/O Jaykay, Inc.dba Jaykay staffing  
P.O Box 823473  
Philadelphia, PA 19182-3473

  
SIGNATURE

January 18, 2017  
DATE

AGREED: WVHHR/ Bureau for  
Behavioral Health & Health Facilities

Name of Agency: JAYKAY, INC

Name of Associate: EZRANDOLO

Signature: *[Handwritten Signature]*

Signature: *[Handwritten Signature]*

Title: Vice President

Title: *Vice President*

Date: January 18, 2017

Date: *January 18, 2017*

Form - WVBA-012004  
Amended 06.26.2013

APPROVED AS TO FORM THIS *26th*  
DAY OF *Jan* 20 *17*  
Patrick Morrisey  
Attorney General  
BY *[Handwritten Signature]*

## Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: \_\_\_\_\_

Name of Agency: WV DHHR/ Bureau for Behavioral Health and Health Facilities

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Any and all personally identifiable information including but not limited to patient name, address, date of birth, Social Security Number, telephone number, and insurance information. Any and all protected health information including but not limited to patient diagnosis, lab test, radiological exams, physical health exams, and/or treatment procedures.

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: Jaykay, Inc

Authorized Signature: *[Signature]*

Date: January 18, 2017

State of Florida

County of Lake, to-wit:

Taken, subscribed, and sworn to before me this 18 day of January, 2017.

My Commission expires September 9, 2019.

AFFIX SEAL HERE

NOTARY PUBLIC



Megan Donnelly  
COMMISSION #99918770  
EXPIRES: September 9, 2019  
WWW.AARCNOTARY.COM

*[Signature]*  
Purchasing Affidavit (Revised 08/01/2015)

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;
- Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **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 that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's 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) rescind the contract or purchase order; 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.

**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: Jaykay, Inc

Signed: 

Date: January 18, 2017

Title: Vice President

# SOLICITATION NUMBER: CRFQ BHS1700000003

## Addendum Number: 1

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The purpose of this addendum is to modify the solicitation identified as CRFQ 0506 BHS1700000003 ("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. This addendum is for the attachment of vendor questions and responses.

No other changes.

**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.

## ATTACHMENT\_A

### ADDENDUM #1 – Direct Care Staffing Services

CRFQ BHS1700000003

1. **Question:** How will our current contractors transition over to the new bid on extension?

**Answer:** All current contractors and staffing will continue through any previously agreed-to delivery orders until such time as those agreements expire. Once the new contract is issued, current contractors will not be processed nor transitioned under an extension as that will no longer be an allowable option. As those current staffing agreements expire any resulting staffing needs will be filled in accordance with the applicable protocols and costs for the new contract.

2. **Question:** We noticed that the hours were less compared to the last bid, is that due to having more control on the purchase orders? What is the comparison/difference/changes?

**Answer:** The hours were adjusted on the pricing page to provide a more consistent basis for bid evaluation and are not indicative of the needs of the facilities. This is an open ended contract and it is anticipated that the needs will fluctuate during the length of the contract and exceed the hours listed in the pricing sheet.

3. **Question:** Will one nurse be able to work a MAX of 1000 hour or a 26 week assignment? Will they be able to extend once those hours are up? If not, will we be able to replace those candidates with someone else or will we have to wait for another tier to open?

**Answer:** The length of assignment and maximum number of hours will be determined by the facility during the assessment of their staffing needs and before utilization of the contract. There are no restrictions related to the maximum number of hours a nurse may work based on the RFQ document.

4. **Question:** If they are not able to extend, is there a period of time they must wait before they can return?



Answer: See response to question #3.

5. **Question:** Travelers that are already at WV facilities, will they be able to extend under the new contract/rates, assuming we are an awardee?

Answer: All current contractors and staffing will continue through any previously agreed-to delivery orders until such time as those agreements expire. Once the new contract is issued, current contractors will not be processed nor transitioned under an extension as that will no longer be an allowable option. As those current staffing agreements expire any resulting staffing needs will be filled in accordance with the applicable protocols and costs for the new contract.

6. **Question:** On the pricing- what is the definition of the extended price and delivery days? Is it the price of what the contractors would be after the 1000 hours?

Answer: On the pricing page the "Extended Price" should reflect the estimated hours times the unit price per hour.

We are unable to locate "delivery days" on the pricing page.

No, the Extended price is not the cost after the 1000 hours.

7. **Question:** General Terms and Conditions- Number 14- the Purchasing Card Acceptance- are we going to be charged an administration fee?

Answer: That Term and Condition is from a standard template. Purchasing Cards will not be an acceptable payment mechanism for this contract.

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ 0506 BHS1700000003

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 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.

JacKay, Inc  
Company

[Signature]  
Authorized Signature

January 18, 2017  
Date

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