



# West Virginia Purchasing Division

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.

## Header @ 1

List View

**General Information** | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#)

Procurement Folder: 268309

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0506

Vendor ID:

SO Doc ID: BHS1700000003

Legal Name: Wise Medical Staffing, Inc.

Published Date: 1/9/17

Alias/DBA:

Close Date: 1/19/17

Total Bid: \$197,350.00

Close Time: 13:30

Response Date:

Status: Closed

Response Time:

Solicitation Description:

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 268309  
**Solicitation Description :** ADDENDUM\_1: Direct Care Staffing Services  
**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-01-19 13:30:00	SR 0506 ESR01181700000003252	1

<b>VENDOR</b>
VS0000009010 Wise Medical Staffing, Inc.

**Solicitation Number:** CRFQ 0506 BHS1700000003

**Total Bid :** \$197,350.00      **Response Date:** 2017-01-18      **Response Time:** 05:22:35

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Mark A Atkins  
 (304) 558-2307  
 mark.a.atkins@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS	1000.00000	HOUR	\$56.000000	\$56,000.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS.	300.00000	HOUR	\$75.000000	\$22,500.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS	40.00000	HOUR	\$94.000000	\$3,760.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS,	1000.00000	HOUR	\$45.000000	\$45,000.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS	300.00000	HOUR	\$56.500000	\$16,950.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS.	40.00000	HOUR	\$68.000000	\$2,720.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS	1000.00000	HOUR	\$35.500000	\$35,500.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS	300.00000	HOUR	\$43.000000	\$12,900.00

Comm Code	Manufacturer	Specification	Model #
80111606			

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS	40.00000	HOUR	\$50.500000	\$2,020.00

Comm Code	Manufacturer	Specification	Model #
80111606			

<b>Extended Description :</b>	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS. (estimated hours)
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*Wise Medical Staffing, Inc.*

*Wise Home Care*

*"Serving your long and short-term medical staffing needs"*

January 17, 2017

**Re: CRFQ 0506 BHS1700000003**

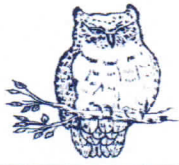
SUBMITTED BY: Michael Wolfe



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- **Designate Contact/Certification & Signature**
- **HIPAA Associate Addendum**
- **Addendum Acknowledgement**
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# *Wise Medical Staffing, Inc.*

## *Wise Home Care*

*"Serving your long and short-term medical staffing needs"*

January 17, 2017

State of West Virginia/Department of Administration  
Purchasing Division  
Mr. Mark A. Atkins  
2019 Washington Street East  
Charleston, WV 25305-0130

Re: SOLICITATION NO.: **CRFQ 0506 BHS1700000003**

Dear Mr. Atkins

Wise Medical Staffing is pleased to present the State of West Virginia Department of Administration this bid for Direct Care Staffing Services in the facilities listed on CRFQ 0506 BHS1700000003. Our online response (WV Oasis) will contain all requested pricing, insurance documentation, and forms.

Wise Medical Staffing (WMS) was incorporated under the laws of the great state of West Virginia in December of 2001. Together our CEO, Milton Clegg; and VP, Deborah Wolfe charged ahead developing and implementing the Financial Plan, Marketing Strategy, Staffing and Business Plan that has been successfully working for over a decade.

WMS offers our clients complete medical staffing solutions. We are responsible for the planning, recruiting, processing, training, and monitoring of our staff; delivering a total comprehensive staffing solution. These services include providing Nursing and Allied Health professionals through contracts with Hospitals, LTC facilities, Clinics, Correctional Institutions, Dental offices and Home Care Clients. Our Mission is to provide our customers with a quality service they can rely on consistently to fulfill their staffing needs, both temporary and permanent. We understand the need to provide cost containment while maintaining quality standards and we have successfully been instrumental in assisting our clients with this task.

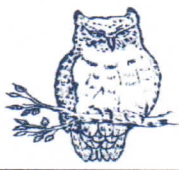
For more than a decade WMS has been providing Allied Health and Nursing professionals at multiple locations for the Department of Rehabilitation and Corrections as well as the Department of Youth Services in the State of Ohio; in conjunction with servicing other clients with demands similar in size and complexity. Our capability of providing these services is witnessed by the continuous renewal of our contracts.

We are grateful for this opportunity and look forward to your response. Should you have any questions, please contact me at (304)593-2512.

Respectfully,

Mike Wolfe  
Director of Business Development





# Wise Medical Staffing, Inc.

## Wise Home Care

*"Serving your long and short-term medical staffing needs"*

### **Capabilities Statement**

*Wise Medical Staffing, Inc.*

198 Gary Court  
Mason, WV 25260

### **Company Overview**

*Wise Medical Staffing, Inc.* is a majority woman owned small business located in a hub zone that specializes in temporary medical staffing.

**Our Management Team** is comprised of both medical and human resource specialists with over 30 years of staffing experience.

### **Key Personnel**

**Deborah Wolfe, RN our Vice President** has over twenty-five years experience in the medical field and twelve years in staffing/recruiting. Her clinical experience includes ICU, ER, Med/Surg. and Surgery.

### **Mike Wolfe, our Director of Business**

**Development** has extensive experience in business management, human resource management, and technology integration in the workforce. His management experience/diversity includes manufacturing, service, education, and medical.

### **Services**

*Wise Medical Staffing, Inc.* provides temporary medical staffing services including, but not limited to: RN (Med/Surg, ER, ICU, CCU, Psych, Dialysis, and Infusion), LPN, CNA, Medical Records Clerk, Phlebotomist, X-Ray Technician, Nurse Practitioner, Social Worker, Cafeteria and Housekeeping

### **Customer History**

STS State of Ohio  
Area Agency on Aging Ohio  
Logistics Health  
Summit Health (Wellness Clinics)  
Correction Facilities (Multiple)  
Hospital and Nursing Homes (Multiple)

### **Company Designations**

Cage Code: 490m3  
DUNS #: 613032387  
Corporate Status: Woman Owned  
Small Business  
Hub Zone  
ORCA Registration: Complete

**GSA Contract #:** V797P-7239a

### **NAICS Codes**

561320 Temporary Help Services  
561110 Office Administrative Services  
561330 Professional Employer Organizations  
623311 Continuing Care Retirement Communities  
621999 All Other Misc. Ambulatory Health Care Services  
624110 Child and Youth Services

### **SIC Codes**

7361 Employment Agencies  
7363 Help Supply Services

### **PSC Codes**

Q201 General Health Care  
Q401 Nursing Services  
Q402 Nursing Home Care  
Q403 Evaluation & Screening  
Q508 Medical Service/Hematology  
Q509 Medical Service/Internal Med.  
Q999 Other Medical Services

### **Contact Information**

**Deborah Wolfe, RN, VP**  
(304)488-3036

[deb@wisemedicalstaffing.com](mailto:deb@wisemedicalstaffing.com)

**Mike Wolfe, Director of Business Development**  
(304)593-2512

[mike@wisemedicalstaffing.com](mailto:mike@wisemedicalstaffing.com)

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.

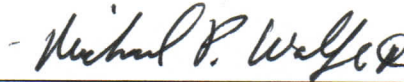
11.2.3. Any other remedies available in law or equity.

**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:**

Michael P Wolfe



(304)593-2512

**Telephone Number:**

(844)588-5940

**Fax Number:**

mike@wisemedicalstaffing.com

**Email Address:**

Direct Care Staffing Services

Request for Quotation  
Locum-Tenens Contract Nurses

Item #	Classification	Estimated # of Hours*	Unit Price	Extended Price
#1	<b>4.1.1 Registered Nurse (RN)</b>			
	A. Regular Hours	1,000	\$56.00	\$56,000.00
	B. Overtime Hours	300	\$75.50	\$22,650.00
	C. Holiday Hours	40	\$94.00	\$3,760.00
	<b>Total Classification Cost</b>			<b>\$82,410.00</b>
#2	<b>4.1.2 Licensed Practical Nurse (LPN)</b>			
	A. Regular Hours	1,000	\$45.00	\$45,000.00
	B. Overtime Hours	300	\$56.50	\$16,950.00
	C. Holiday Hours	40	\$68.00	\$2,720.00
	<b>Total Classification Cost</b>			<b>\$64,670.00</b>
#3	<b>4.1.3 Certified Nursing Assistant (CNA)</b>			
	A. Regular Hours	1,000	\$35.50	\$35,500.00
	B. Overtime Hours	300	\$43.00	\$12,900.00
	C. Holiday Hours	40	\$50.50	\$2,020.00
	<b>Total Classification Cost</b>			<b>\$50,420.00</b>
<b>GRAND TOTAL COST</b>				<b>\$197,500.00</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: Wise Medical Staffing, Inc.

Sales Representative: Mike Wolfe

Vendor Address: 198 Gary Court, Mason, WV 25260

Vendor Phone: 304-593-2512

Email Address: [mike@wisemedicalstaffing.com](mailto:mike@wisemedicalstaffing.com)

Remit to Address: 432 Magazine Street, Tupelo, MS 38804

*Michael P. Wolfe*

SIGNATURE

1/17/2017

DATE

# 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.

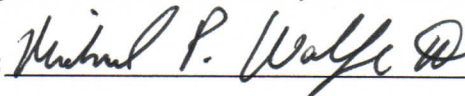
Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder 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:** Wise Medical Staffing, Inc. - Michael P. Wolfe II

**Signed:**



**Date:** 1-16-2017

**Title:** Director of Business Development

# State of West Virginia



## Certificate

*I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that*

**WISE MEDICAL STAFFING, INC.**

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on December 19, 2001.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

## CERTIFICATE OF EXISTENCE

Validation ID:2WV0W\_G29XP



*Given under my hand and the Great Seal of the State of West Virginia on this day of January 06, 2017*

*Natalie E. Tennant*

*Secretary of State*

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: Wise Medical Staffing, Inc.

Authorized Signature: *Michael P. Wolfe* Date: 1-17-2017

State of OH

County of COLUMBUS, to-wit:

Taken, subscribed, and sworn to before me this 17 day of JAN, 2017.

My Commission expires 02/31, 2019.

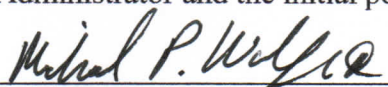
**AFFIX SEAL HERE**



**Bobby Raines**  
Notary Public, State of Ohio  
My Commission Expires 2/31/19


*Bobby Raines*

**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.

  
\_\_\_\_\_  
(Name, Title) Michael P Wolfe - Director of Business Development  
\_\_\_\_\_  
(Printed Name and Title) 198 Gary Court, Mason, WV 25260  
\_\_\_\_\_  
(Address) Phone: (304)593-2512 Fax: (844)588-5940  
\_\_\_\_\_  
(Phone Number) / (Fax Number) mike@wisemedicalstaffing.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.

Wise Medical Staffing, Inc.

\_\_\_\_\_  
(Company)  
  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)  
Michael P Wolfe - Director of Business Development  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)  
January 17, 2017  
\_\_\_\_\_  
(Date)  
Phone: (304)593-2512 Fax: (844)588-5940  
\_\_\_\_\_  
(Phone Number) (Fax Number)



AGREED: WVHHR/ Bureau for  
Behavioral Health & Health Facilities  
Name of Agency: \_\_\_\_\_

Wise Medical Staffing, Inc.  
Name of Associate: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: Michael P. Walje

Title: \_\_\_\_\_

Title: Director of Business Development

Date: \_\_\_\_\_

Date: 1-17-2017

Form - WVBA-012004  
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th  
DAY OF Jan 20 17  
Patrick Morrissey  
Attorney General  
BY \_\_\_\_\_

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: Wise Medical Staffing, Inc. - *Michael P. Walker*

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.

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 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.

Wise Medical Staffing, Inc.

Company

  
Authorized Signature

1-17-2017

Date

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





**ADDITIONAL REMARKS SCHEDULE**

<b>PRODUCER</b> MCGRIFF, SEIBELS & WILLIAMS, INC.		<b>INSURED</b> Wise Medical Staffing, Inc.	
<b>POLICY NUMBER</b>			
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>ISSUE DATE:</b> 01/16/2017	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

Coverage: Crime (Employee Dishonesty)  
 Company: Zurich American Insurance Company  
 Policy Number: PRA585394104  
 Policy Term: 8/28/2016 to 8/28/2017

- \$3,000,000 Limit Per Occurrence - Coverage for Your Employee's Dishonest Acts
- \$3,000,000 Limit Per Occurrence - Client's Coverage for Your Employee's Dishonest Acts
- \$3,000,000 Limit Per Occurrence - Legal Liability Coverage for Your Employee's Dishonest Acts
- \$3,000,000 Limit Per Occurrence - Coverage for Theft of Your Trade Secrets by Your Employee
- \$3,000,000 Limit Per Occurrence - Coverage for Theft of Client Trade Secrets by Your Employee

\$50,000 Deductible Per Occurrence

Third Party Coverage included.