



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 @ 3

List View

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 309413

SO Doc Code: CRFG

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: 000000109244

SO Doc ID: VNF1700000006

Legal Name: JAYKAY STAFFING

Published Date: 3/20/17

Alias/DBA:

Close Date: 3/28/17

Total Bid: \$214,059.88

Close Time: 13:30

Response Date: 03/22/2017

Status: Closed

Response Time: 12:21

Solicitation Description: ADDENDUM 1 DIRECT CARE STAFFING

Total of Header Attachments: 3

Total of All Attachments: 3



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 309413
Solicitation Description : ADDENDUM 1 DIRECT CARE STAFFING
Proc Type : Central Master Agreement

| Date issued | Solicitation Closes | Solicitation Response | Version |
|-------------|------------------------|------------------------------|---------|
| | 2017-03-28 13:30:00 | SR 0613 ESR03221700000004549 | 1 |

| VENDOR |
|---------------------------------|
| 000000109244 JAYKAY STAFFING |

Solicitation Number: CRFQ 0613 VNF1700000006

Total Bid : \$214,059.88 **Response Date:** 2017-03-22 **Response Time:** 12:21:41

Comments:

FOR INFORMATION CONTACT THE BUYER
 Crystal Rink
 (304) 558-2402
 crystal.g.rink@wv.gov

| | | |
|--------------------------|---------------|-------------|
| Signature on File | FEIN # | DATE |
|--------------------------|---------------|-------------|

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 | REGISTERED NURSE 6 AM TO 2 PM | 680.00000 | HOUR | \$39.000000 | \$26,520.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|----------------------------------|-----------|------------|-------------|-----------------------------|
| 2 | REGISTERED NURSE 2PM TO 10 PM | 900.00000 | HOUR | \$39.000000 | \$35,100.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-----------------------------------|-----------|------------|-------------|-----------------------------|
| 3 | REGISTERED NURSE 10 PM TO 6 AM | 380.00000 | HOUR | \$39.000000 | \$14,820.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------------|-----------|------------|-------------|-----------------------------|
| 4 | REGISTERED NURSE HOLIDAY PAY | 312.00000 | HOUR | \$58.000000 | \$18,096.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------|----------|------------|-------------|-----------------------------|
| 5 | REGISTERED NURSE OVERTIME | 13.00000 | HOUR | \$58.000000 | \$754.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 6 | LICENSED PRACTICAL NURSE 6:30 AM TO 8:00 PM | 756.00000 | HOUR | \$29.920000 | \$22,619.52 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----------|------------|-------------|-----------------------------|
| 7 | LICENSED PRACTICAL NURSE 6:30 PM TO 8:00AM | 756.00000 | HOUR | \$29.920000 | \$22,619.52 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|-----------|------------|-------------|-----------------------------|
| 8 | LICENSED PRACTICAL NURSE HOLIDAY PAY | 112.00000 | HOUR | \$44.880000 | \$5,026.56 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|----------|------------|-------------|-----------------------------|
| 9 | LICENSED PRACTICAL NURSE OVERTIME PAY | 13.00000 | HOUR | \$44.880000 | \$583.44 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 10 | CERTIFIED NURSING ASSISTANT 7AM TO 3 PM | 840.00000 | HOUR | \$23.920000 | \$20,092.80 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 11 | CERTIFIED NURSING ASSISTANT 3 PM TO 11 PM | 840.00000 | HOUR | \$23.920000 | \$20,092.80 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 12 | CERTIFIED NURSING ASSISTANT 11 PM TO 7 AM | 672.00000 | HOUR | \$23.920000 | \$16,074.24 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 13 | CERTIFIED NURSING ASSISTANT HOLIDAY PAY | 312.00000 | HOUR | \$35.880000 | \$11,194.56 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|----------|------------|-------------|-----------------------------|
| 14 | CERTIFIED NURSING ASSISTANT OVERTIME PAY | 13.00000 | HOUR | \$35.880000 | \$466.44 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85101601 | | | |

Extended Description : CERTIFIED NURSING ASSISTANT
OVERTIME PAY



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: 287615

Doc Description: Addendum #1 Psych & Psychological Svcs for residents at JWH

Proc Type: Central Contract - Fixed Amt

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2017-02-01 | 2017-03-02 13:30:00 | CRFQ 0506 JWH1700000003 | 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 Staffing
 2058 Classique lane
 Tavares FL 32778

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature X *Purity Ndolo*

FEIN # 20-0131316

DATE 02/13/2017

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

ADDITIONAL INFORMATION:

Addendum #1

To change the buyer contact information to:

April E Battle
 (304) 558-0067
 april.e.battle@wv.gov

No other changes.

| INVOICE TO | | SHIP TO | |
|---|---------|--|----------|
| PROCUREMENT OFFICER - 304-256-6600 HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DR | | PROCUREMENT OFFICER - 304-256-6600 HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DR | |
| BECKLEY | WV25801 | BECKLEY | WV 25801 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|----------|------------|-------------|---------------|
| 1 | MONTHLY PSYCHOLOGIST SERVICES FOR JWH | 12.00000 | MO | \$10,000.00 | \$ 120,000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121608 | | | |

Extended Description :

SECTION 4.1.1 IN THE SPECIFICATIONS

| INVOICE TO | | SHIP TO | |
|---|---------|--|----------|
| PROCUREMENT OFFICER - 304-256-6600 HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DR | | PROCUREMENT OFFICER - 304-256-6600 HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DR | |
| BECKLEY | WV25801 | BECKLEY | WV 25801 |
| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---------------------------------------|----------|------------|-------------|---------------|
| 2 | MONTHLY PSYCHIATRIST SERVICES FOR JWH | 12.00000 | MO | \$14,000.00 | \$ 168,000.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121607 | | | |

Extended Description :

SECTION 4.1.2 IN THE SPECIFICATIONS

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|---------------|------------|
| 1 | Questions Due | 2017-02-15 |

| | | | |
|---------------------|--------------------------------|---|------------------------------|
| JWH170000003 | Document Phase Final | Document Description Addendum #1 Psych & Psychological Svcs for residents at JWH | Page 3 of 3 |
|---------------------|--------------------------------|---|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CRFQ 0506 JWH1700000003 Pricing Page

| Item | Quantity | Description | Unit Price | Total Amount |
|------|----------|--|--|----------------------|
| 1 | 12mos | Psychological services to JWH residents (Section 4.1.1) | \$ <u>10,000.00</u> price per month X 12= | \$ <u>120,000.00</u> |
| 2 | 12mos | Psychiatrist services to JWH residents (Section 4.1.2) | \$ <u>14,000.00</u> price per month X12= | \$ <u>168,000.00</u> |

Grand Total Amount \$ 288,000.00
(Add total amounts from Items 1 & 2)

Vendor & Contact: JayKay Staffing

Print Name and Title: Purity Ndolo, President/CEO

Address: 2058 Classique lane, Tavares FL 32778

Phone: 800-442-5441

Fax: 800-805-9016

Email: purityn@jaykaystaffing.com

Signature: *PurityNdolo*

Date: 02/13/2017

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 Staffing

Signed: 

Date: 02/13/2017

Title: President/CEO

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: JayKay Staffing

Authorized Signature: Date: 02/13/2017

State of FL

County of Lake, to-wit:

Taken, subscribed, and sworn to before me this 13 day of February, 2017.

My Commission expires September 9, 2019.

AFFIX SEAL HERE



Megan Donnelly
COMMISSION #FFR18770
EXPIRES: September 9, 2019
WWW.AARONNOTARY.COM

NOTARY PUBLIC

Purchasing Affidavit (Revised 08/01/2015)