



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

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

RECEIVED

2020 JUN 24 AM 9:51

Proc Folder: 738312

Doc Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

WV PURCHASING
 DIVISION

Date Issued	Solicitation Closes	Solicitation No	Version
2020-06-10	2020-06-25 13:30:00	CRFQ 0212 SWC2000000004	1

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

WV Association of Rehabilitation Facilities, Inc.
 710 Central Avenue
 Charleston, WV 25302
 Phone: 304-205-7970 Fax: 304-205-7915
 tmartinez@wvarf.org

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 55-0633886

DATE 6-23-2020

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

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division is soliciting bids to establish a statewide open-end contract for 17 specific temporary job classifications commonly required by State Agencies, per the attached documents.

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:

Note: Vendor shall use Exhibit_A Pricing Page(s) for bid pricing.

If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions due by 10:00 am EDT	2020-06-16

SWC2000000004	Document Phase Final	Document Description STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

**WV DEPARTMENT OF ADMINISTRATION,
PURCHASING DIVISION**

CRFQ 2012 SWC2000000004

Statewide Contract for Temporary Worker Services

Contact Person: Tara Martinez, CEO

WV Association of Rehabilitation Facilities, Inc.

710 Central Avenue, Charleston, WV 25302

Phone: 304-205-7970 / Fax: 304-205-7915

tmartinez@wvarf.org

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC2000000004

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 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.

WV Association of Rehabilitation Facilities, Inc.

Company



Authorized Signature

6-23-2020

Date

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



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: 738312

Doc Description: Addendum_1: SWC -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

Date Issued	Solicitation Closes	Solicitation No	Version
2020-06-18	2020-06-25 13:30:00	CRFQ 0212 SWC2000000004	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:

WV Association of Rehabilitation Facilities, Inc.
 710 Central Avenue
 Charleston, WV 25302
 Phone: 304-205-7970 Fax: 304-205-7915
 tmartinez@wvarf.org

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 55-0633886

DATE 6/23/2020

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

ADDITIONAL INFORMATION**ADDENDUM_1**

Addendum_1 is issued for the following:

1. To publish the Purchasing Division's response to the questions submitted by Vendors during the Technical Questioning period.

No other changes made.

The West Virginia Purchasing Division is soliciting bids to establish a statewide open-end contract for 17 specific temporary job classifications commonly required by State Agencies, per the attached documents.

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:

Note: Vendor shall use Exhibit A Pricing Page(s) for bid pricing.

If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions due by 10:00 am EDT	2020-06-16

SWC2000000004	Document Phase Final	Document Description Addendum_1: SWC -TEMPORARY STAFFING SERVICES	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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, 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,
 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.
8. **Application is made for reciprocal preference.**
 Bidder is a West Virginia resident and is requesting reciprocal preference to the extent that it applies.

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: WV Assoc. of Rehabilitation Facilities Signed: 

Date: 6/23/20 Title: CEO/Director

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

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: WV Association of Rehabilitation Facilities, Inc.

Authorized Signature: [Signature] Date: 6-23-2020

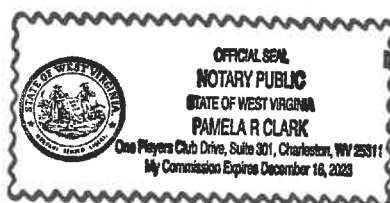
State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 23 day of June, 2020

My Commission expires December 16th, 2023

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 01/19/2018)



WESTVIR-26

CICMOSS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2020

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Assured Partners, Inc. 340 MacCorkle Ave. SE Charleston, WV 25314	CONTACT NAME: Christy Woody PHONE (A/C, No, Ext): (304) 345-8000 FAX (A/C, No): (304) 345-8014 E-MAIL ADDRESS: christy.woody@assuredpartners.com												
INSURER(S) AFFORDING COVERAGE													
INSURED WV Association of Rehabilitation Facilities 710 Central Avenue Charleston, WV 25302	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Hartford Ins Co of Midwest</td> <td style="width: 20%;">NAIC # 37478</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Hartford Ins Co of Midwest	NAIC # 37478	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Hartford Ins Co of Midwest	NAIC # 37478												
INSURER B :													
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	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	40WECPX1511	12/30/2019	12/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

E/L Broad form is included under workers compensation policy. Thirty Day Cancellation Notice Applies other than 10 day notice for Non-Payment of Premium. Effective 06/01/18 the Employee Theft limit was increased from \$100,000 to \$1,000,000. A \$10,000 deductible applies for each Employee Theft Claim.

Thirty Day Cancellation Applies other than 10 day notice for non-payment of premium

CERTIFICATE HOLDER

CANCELLATION

State of West Virginia Department of Administration
 Shelly Murray, Senior Buyer 31
 2019 Washington Street East
 Charleston, WV 25305

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

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD

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.

Tara Martinez CEO/Director
(Name, Title)

(Printed Name and Title)
710 Central Avenue, Charleston, WV 25302
(Address)
304-205-7970 ext. 207 Fax: 304-205-7915
(Phone Number) / (Fax Number)
tmartinez@wvartf.org
(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.

WV Association of Rehabilitation Facilities, Inc.
(Company)

Mary Jones, Contract Manager
(Authorized Signature) (Representative Name, Title)

Mary Jones, Contract Manager
(Printed Name and Title of Authorized Representative)

6-23-2020
(Date)

304-205-7970 ext. 207 Fax: 304-205-7915
(Phone Number) (Fax Number)

**Statewide Contract
CRFQ 0212 SWC2000000004
TEMPORARY STAFFING SERVICES
(TEMP21)**

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Immediate cancellation of the Contract.

10.2.2. Immediate cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Mary Jones
Telephone Number: 304-205-7970 ext. 207
Fax Number: 304-205-7915
Email Address: mjones@wvarf.org

NOTE: If you do not cover entire region, enter XX
below the counties where you do supply temporaries.

REQUEST FOR QUOTATION
CRFQ SWC2000000004
TEMP21
Temporary Staffing Services

Hancock	Brooke	Ohio	Marshall	Wetzel	Monongalia	Marion	Harrison	Dodridge	Gilmer	Pleasants	Calhoun	Wirt	Wood	Tyler	Ritchie
Classification				Worker Pay Rate		Withholding Rate		Overhead Rate		Total Rate*					
Accounting Technician 2				\$ 11.25		\$ 1.69		\$ 2.87		\$ 15.81					
Administrative Services Assistant 1				\$ 11.25		\$ 1.69		\$ 2.87		\$ 15.81					
Administrative Services Assistant 2				\$ 12.00		\$ 1.80		\$ 3.06		\$ 16.86					
Cook				\$ 9.25		\$ 1.39		\$ 2.36		\$ 13.00					
Custodian				\$ 10.00		\$ 1.50		\$ 2.55		\$ 14.05					
Data Entry Operator2				\$ 12.00		\$ 1.80		\$ 3.06		\$ 16.86					
Executive Secretary				\$ 12.80		\$ 1.92		\$ 3.27		\$ 17.99					
Groundskeeper				\$ 9.50		\$ 1.43		\$ 2.43		\$ 13.36					
Health Service Worker				\$ 10.00		\$ 1.50		\$ 2.55		\$ 14.05					
Laboratroy Assistant 3				\$ -		\$ -		\$ -		\$ -					
Laborer				\$ 10.00		\$ 1.50		\$ 2.55		\$ 14.05					
Mail Runner				\$ 9.50		\$ 1.43		\$ 2.43		\$ 13.36					
Office Assistant 2				\$ 10.25		\$ 1.54		\$ 2.62		\$ 14.41					
Office Assistant 3				\$ 11.25		\$ 1.69		\$ 2.87		\$ 15.81					
Paralegal				\$ -		\$ -		\$ -		\$ -					
Parking Attendant				\$ 9.50		\$ 1.43		\$ 2.43		\$ 13.36					
Word Processor				\$ 10.00		\$ 1.50		\$ 2.55		\$ 14.05					

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: WV Association of Rehabilitation Facilities, Inc.
 Contact Person: Mary Jones
 Phone #: 304-205-7970 ext. 207
 Fax #: 304-205-7915
 Email: mjones@wvarf.org

Signature: 

Date: 06/22/2020

NOTE: If you do not cover entire region, enter XX
below the counties where you do supply temporaries.

REQUEST FOR QUOTATION
CRFQ SWC2000000004
TEMP21
Temporary Staffing Services

Mason	Cabell	Wayne	Mingo	Logan	Boone	Lincoln	Kanawha	Putnam	Roane	Jackson				
Classification				Worker Pay Rate		Withholding Rate		Overhead Rate		Total Rate*				
Accounting Technician 2				\$	11.25	\$	1.69	\$	2.87	\$ 15.81				
Administrative Services Assistant 1				\$	11.25	\$	1.69	\$	2.87	\$ 15.81				
Administrative Services Assistant 2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86				
Cook				\$	9.25	\$	1.39	\$	2.36	\$ 13.00				
Custodian				\$	10.00	\$	1.50	\$	2.55	\$ 14.05				
Data Entry Operator2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86				
Executive Secretary				\$	12.80	\$	1.92	\$	3.27	\$ 17.99				
Groundskeeper				\$	9.50	\$	1.43	\$	2.43	\$ 13.36				
Health Service Worker				\$	10.00	\$	1.50	\$	2.55	\$ 14.05				
Laboratroy Assistant 3				\$	-	\$	-	\$	-	\$ -				
Laborer				\$	10.00	\$	1.50	\$	2.55	\$ 14.05				
Mail Runner				\$	9.50	\$	1.43	\$	2.43	\$ 13.36				
Office Assistant 2				\$	10.25	\$	1.54	\$	2.62	\$ 14.41				
Office Assistant 3				\$	11.25	\$	1.69	\$	2.87	\$ 15.81				
Paralegal				\$	-	\$	-	\$	-	\$ -				
Parking Attendant				\$	9.50	\$	1.43	\$	2.43	\$ 13.36				
Word Processor				\$	10.00	\$	1.50	\$	2.55	\$ 14.05				

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: WV Association of Rehabilitation Facilities, Inc.
 Contact Person: Mary Jones
 Phone #: 304-205-7970 ext. 207
 Fax #: 304-205-7915
 Email: mjones@wvarf.org

Signature: *Mary Jones*

Date: 06/22/2020

NOTE: If you do not cover entire region, enter XX
below the counties where you do supply temporaries.

REQUEST FOR QUOTATION
CRFQ SWC2000000004
TEMP21
Temporary Staffing Services

Lewis	Upshur	Randolph	Pendelton	Hardy	Grant	Hampshire	Mineral	Morgan	Berkeley	Jefferson	Tucker	Barbour	Taylor	Preston	
Classification				Worker Pay Rate		Withholding Rate		Overhead Rate		Total Rate*					
Accounting Technician 2				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Administrative Services Assistant 1				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Administrative Services Assistant 2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86					
Cook				\$	9.25	\$	1.39	\$	2.36	\$ 13.00					
Custodian				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Data Entry Operator2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86					
Executive Secretary				\$	12.80	\$	1.92	\$	3.27	\$ 17.99					
Groundskeeper				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Health Service Worker				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Laboratroy Assistant 3				\$	-	\$	-	\$	-	\$ -					
Laborer				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Mail Runner				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Office Assistant 2				\$	10.25	\$	1.54	\$	2.62	\$ 14.41					
Office Assistant 3				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Paralegal				\$	-	\$	-	\$	-	\$ -					
Parking Attendant				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Word Processor				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: WV Association of Rehabilitation Facilities, Inc.
 Contact Person: Mary Jones
 Phone #: 304-205-7970 ext. 207
 Fax #: 304-205-7915
 Email: mjones@wvarf.org

Signature: *Mary Jones*

Date: 06/22/2020

REQUEST FOR QUOTATION
 CRFQ SWC2000000004
 TEMP21
 Temporary Staffing Services

NOTE: If you do not cover entire region, enter XX
 below the counties where you do supply temporaries.

Braxton	Clay	Nicholas	Fayette	Raleigh	Wyoming	McDowell	Mercer	Summers	Greenbrier	Pocahontas	Webster	Monroe			
Classification				Worker Pay Rate		Withholding Rate		Overhead Rate		Total Rate*					
Accounting Technician 2				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Administrative Services Assistant 1				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Administrative Services Assistant 2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86					
Cook				\$	9.25	\$	1.39	\$	2.36	\$ 13.00					
Custodian				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Data Entry Operator2				\$	12.00	\$	1.80	\$	3.06	\$ 16.86					
Executive Secretary				\$	12.80	\$	1.92	\$	3.27	\$ 17.99					
Groundskeeper				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Health Service Worker				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Laboratroy Assistant 3				\$	-	\$	-	\$	-	\$ -					
Laborer				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					
Mail Runner				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Office Assistant 2				\$	10.25	\$	1.54	\$	2.62	\$ 14.41					
Office Assistant 3				\$	11.25	\$	1.69	\$	2.87	\$ 15.81					
Paralegal				\$	-	\$	-	\$	-	\$ -					
Parking Attendant				\$	9.50	\$	1.43	\$	2.43	\$ 13.36					
Word Processor				\$	10.00	\$	1.50	\$	2.55	\$ 14.05					

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: WV Association of Rehabilitation Facilities, Inc.
 Contact Person: Mary Jones
 Phone #: 304-205-7970 ext. 207
 Fax #: 304-205-7915
 Email: mjones@wvarf.org

Signature: 

Date: 06/22/2020

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by *W. Va. Code* § 6D-1-2)

Name of Contracting Business Entity: WV Assoc. of Rehabilitation Facilities, Inc. Address: 710 Central Avenue, Charleston, WV 25302

Name of Authorized Agent: Tara Martinez Address: 710 Central Avenue, Charleston, WV 25302

Contract Number: CRFQ 0212 SWC20*04 Contract Description: Temp21 - Temporary Staffing Services

Governmental agency awarding contract: WV Purchasing Division

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (*attach additional pages if necessary*):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

Buckhannon/Upshur Center, Inc. Gateway Industries, Inc. Goodwill of Kanawha Valley, Inc.
Goodwill of KYOWVA, Inc. Integrated Resources, Inc. Mercer County Opportunity Center, Inc.
WorkableWV, Inc.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: [Handwritten Signature] Date Signed: 6/23/20

Notary Verification

State of West Virginia, County of Kanawha:

I, Pamela R. Clark, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 23rd day of June, 2020

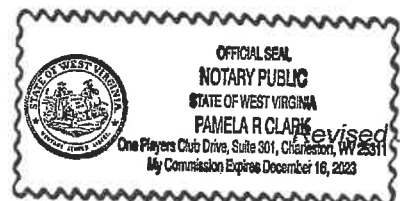
[Handwritten Signature]
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____



AGREED:


Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

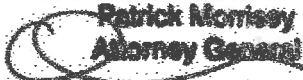
Name of Associate: WV Assoc. of Rehabilitation
Facilities Inc.

Signature: 

Title: CEO

Date: 6-23-2020

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jun 2013

BY Patrick Morrissey
Attorney General

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Form - WVSAA 012004
Amended 06.26.2013

Name of Associate: Caterpillar Industries
Robert Cardell

Signature: Robert Cardell

Title: Executive Director

Date: 6/19/2020

APPROVED AS TO FORM THIS 26th
DAY OF Jun 20 20
BY: Patrick Morrisey
Attorney General

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Name of Associate: Buckhampton Upshar Work
Adjustment Center, Inc

Signature: Maryadear

Title: Business Mgr

Date: 6/17/20

AGREED:

State of West Virginia
Name of Agency: WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Name of Associate: Goodwill Industries of Kanawha

DocuSigned by:
Signature: Dan Owen
510CFD800ED04412

Title: President & CEO

Date: 6/17/2020

Form - WVBA-012004
Amended 06.26.2013.

APPROVED AS TO FORM THIS 26th
DAY OF Jun 2019
BY Patrick Morrisey
Attorney General

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Name of Associate: Alissa Stewart Sparks

Signature: DocuSigned by:
Alissa Stewart Sparks

Title: Executive Director

Date: 6/17/2020

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF June 2019
Patrick Morley
Attorney General
BY _____

AGREED:

State of West Virginia
Name of Agency: WV Purchasing Division

Signature: _____

Title: _____

Date: _____

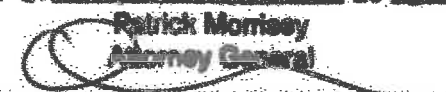
Name of Associate: Dreama Padgett

Signature: DocuSigned by:
Dreama Padgett
DocuSign Envelope ID: 77110928-201E-4C1E-AD7B-532EAD7712DC

Title: CEO

Date: 6/16/2020

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jun 20 19
Patrick Morrisey
Attorney General
BY 

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Name of Associate: Mercer County Opportunity Indus

Signature: DocuSigned by:
Jamie Williams-Hall
67449E5D15384B7

Title: Executive Director

Date: 6/17/2020

Form - WVBAA-012004
Amended 06.28.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jun 2017
BY Patrick Morrissey
Attorney General

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Signature: _____

Title: _____

Date: _____

Name of Associate: workable Industries, Inc

Signature: DocuSigned by:
Brenda Oliverio
2727E42C82A54BD

Title: General Manager

Date: 6/16/2020

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF June 2017
BY Patrick Morrissey
Attorney General

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: WV Association of Rehabilitation Facilities, Inc.

Name of Agency: State of West Virginia, WV Purchasing Division

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

Included but not limited to the following:

- Personal Health Information
- Personal Identifiable Information
- Social Security Number
- Addresses
- Tax Identification Information
- Personal Phone Numbers
- All Correspondence marked Confidential
- Financial Information
- Financial Account number
- Credit Card Numbers
- Debit Card Numbers,
- Driver's License Numbers,
- State ID Numbers
- Marital Status
- Home Address