



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 5

List View

- General Information
- Contact
- Default Values
- Discount
- Document Information

Procurement Folder: 569704

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0618

Vendor ID: 000000206538

SO Doc ID: BVH2000000004

Legal Name: SAUNDERS STAFFING INC

Published Date: 8/6/19

Alias/DBA:

Close Date: 8/13/19

Total Bid: \$0.00

Close Time: 13:30

Response Date: 08/13/2019

Status: Closed

Response Time: 10:48

Solicitation Description: Addendum #1 Temp LPN

Total of Header Attachments: 5

Total of All Attachments: 5



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 569704  
**Solicitation Description :** Addendum #1 Temp LPN  
**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-08-13 13:30:00	SR 0618 ESR08131900000000844	1

<b>VENDOR</b>
000000206538 SAUNDERS STAFFING INC

**Solicitation Number:** CRFQ 0618 BVH2000000004

**Total Bid :** \$0.00                      **Response Date:** 2019-08-13                      **Response Time:** 10:48:34

**Comments:** Invoice paid in ten days receive 1% discount.

**FOR INFORMATION CONTACT THE BUYER**  
 Stephanie L Gale  
 (304) 558-8801  
 stephanie.l.gale@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	Temp LPN	0.00000	HOUR	\$31.280000	\$0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

<b>Extended Description :</b>	Temp LPN
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**Comments:** I have uploaded all my rates for the various shifts on a separate document and have also mailed my response.



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

Proc Folder: 569704

Doc Description: Addendum #1 Temp LPN

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-08-06	2019-08-13 13:30:00	CRFQ 0618 BVH2000000004	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:**

Saunders Staffing, Inc.  
 400 North Street  
 Bluefield, WV 24701  
 888-799-2110 #1007

**FOR INFORMATION CONTACT THE BUYER**

Stephanie L Gale  
 (304) 558-8801  
 stephanie.l.gale@wv.gov

Signature X Connie Saunders FEIN # 55-0688283 DATE 08/09/2019

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

**ADDITIONAL INFORMATION:**

Addendum #1 issued to:

- 1. Provide responses to technical questions.
- 2. To correct wording on the commodity line.

End of Addendum #1.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST		WEST VIRGINIA VETERANS HOME 512 WATER ST	
BARBOURSVILLE	WV25504	BARBOURSVILLE	WV 25504
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Temp LPN	0.00000	HOUR	31.28	43060.32

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description :  
Temp LPN

**SOLICITATION NUMBER: CRFQ BVH2000000004**  
**Addendum Number: 1**

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

Addendum #1 issued to:

1. Provide responses to technical questions.
2. To correct wording on the commodity line.

End of Addendum #1.

**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.

**Responses to Technical Questions**  
**Solicitation CRFQ BVH2000000004**

1. Inside the wvOASIS system the line items asks for a 'Temp RN' and we just wanted to verify if this was for RN or LPN.

**This solicitation is for Temporary LPN Staffing. The Commodity Line has been modified to match this description.**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:** \_\_\_\_\_

**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.

Saunders Staffing, Inc.

\_\_\_\_\_  
Company

Connie Saunders

\_\_\_\_\_  
Authorized Signature

0809/2019

\_\_\_\_\_  
Date

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

Revised 6/8/2012

## PRICING PAGE

<b>BVH410 TEMPORARY NURSE STAFFING SERVICES</b>				
Item #	Description	Estimated Annual Usage Hours	Rate Per Hour	Extended Price
	<b>LICENSE PRACTICAL NURSE SHIFTS</b>			
1	6:45am - 3 pm Weekdays Monday - Friday	200	31.28	6256
2	2:45pm - 11 pm Weekdays Monday - Friday	500	31.96	15980
3	10:45pm - 7am Weekdays Monday - Friday	500	32.64	16320
4	Holiday Shifts starting the night before at 11pm*	72	62.56	4504.32
			\$	\$
	<b>LICENSED PRATICAL NURSE SHIFTS</b>			
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Failure to use this form may result in disqualification</b>			<b>Total</b>	43060.32
<i><u>Bidder / Vendor Information:</u></i>				
Saunders Staffing, Inc. 116 Smith Street, #317 Charleston, WV 25301 888-799-2110 <a href="mailto:saunderssem@saundersstaffing.net">saunderssem@saundersstaffing.net</a>				
<i><u>Contract Coordinator Information:</u></i>				
Susan Dickens/Connie Saunders 1116 Smith Street, Charleston, WV 25301  888-799-2110 <a href="mailto:susandickens@saundersstaffing.net">susandickens@saundersstaffing.net</a>				
<b>This form is for bidding evaluation purposes only. Usage hours are only an estimation.</b>				
<b>*Holiday Shifts include only: Christmas, Thanksgiving and New Year's only - the shift starts at 11:00pm the night before and ends the next day at 11:00pm</b>				



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 DEPARTMENT OF ADMINISTRATION  
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Vendor Name, Address and Telephone Number:  
  
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 400 North Street, Bluefield, WV 24701  
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Signature X Connie Saunders FEIN # 55-0688283 DATE 8/9/2019

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INVOICE TO	SHIP TO
WEST VIRGINIA VETERANS HOME 512 WATER ST  BARBOURSVILLE WV25504  US	WEST VIRGINIA VETERANS HOME 512 WATER ST  BARBOURSVILLE WV 25504  US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Temp LPN	0.00000	HOUR	31.28	6256.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description :**

Temp LPN

<b>BVH2000000004</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #1 Temp LPN	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

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: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_

# West Virginia Ethics Commission



## Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

*"Business entity"* means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

*"Interested party"* or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

*"State agency"* means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

*This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: [ethics@wv.gov](mailto:ethics@wv.gov); website: [www.ethics.wv.gov](http://www.ethics.wv.gov).*

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

**Contracting Business Entity:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_

**Authorized Agent:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_ **Contract Description:** \_\_\_\_\_

**Governmental agency awarding contract:** \_\_\_\_\_

**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.

**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: \_\_\_\_\_ Date Signed: \_\_\_\_\_

***Notary Verification***

State of \_\_\_\_\_, County of \_\_\_\_\_:

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_