



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

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 616302

Procurement Type: Central Master Agreement

Vendor ID: 000000194226

Legal Name: MAXIM HEALTHCARE SERVICES INC

Alias/DBA:

Total Bid: \$135,200.00

Response Date: 10/01/2019

Response Time: 12:27

SO Doc Code: CRFQ

SO Dept: 0618

SO Doc ID: BVH2000000006

Published Date: 9/16/19

Close Date: 10/1/19

Close Time: 13:30

Status: Closed

Solicitation Description: Temporary Registered Nurse

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 : 616302
 Solicitation Description : Temporary Registered Nurse
 Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-10-01 13:30:00	SR 0618 ESR10011900000002144	1

VENDOR
000000194226 MAXIM HEALTHCARE SERVICES INC

Solicitation Number: CRFQ 0618 BVH2000000006

Total Bid : \$135,200.00 Response Date: 2019-10-01 Response Time: 12:27:49

Comments:

FOR INFORMATION CONTACT THE BUYER

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

Signature on File	FEIN #	DATE
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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	Temporary Registered Nurse	2080.00000	HOUR	\$65.000000	\$135,200.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description :	Provide an RN for full time work See attached for specifications
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Comments: Overtime and Holiday pricing is \$97.50 (1.5 times the unit price.) Please see the pricing document.

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)

Ryan Bloom Business Development Manager

(Printed Name and Title)

313 MacCorale Ave, Suite 200, Charleston WV 25303

(Address)

681.313.2900

(Phone Number) / (Fax Number)

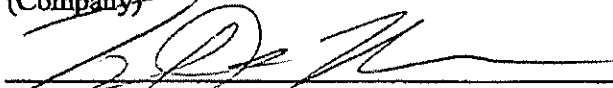
rybloom@maxhealth.com

(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.

Maxim Healthcare Services, Inc.

(Company)



(Authorized Signature) (Representative Name, Title)

Bryant Moshang, Controller

(Printed Name and Title of Authorized Representative)

10/1/2019

(Date)

410-910-1553

(Phone Number) (Fax Number)

PRICING PAGE

BVH410 TEMPORARY NURSE STAFFING SERVICES

Item #	Description	Estimated Annual Usage Hours	Rate Per Hour	Extended Price
	REGISTERED NURSE SHIFTS			
1	6:45am - 3 pm Weekdays Monday - Friday	100	\$ 65.00	\$ 6,500.00
2	2:45pm - 11 pm Weekdays Monday - Friday	500	\$ 65.00	\$ 32,500.00
3	10:45pm - 7am Weekdays Monday - Friday	500	\$ 65.00	\$ 32,500.00
4	Holiday Shifts starting the night before at 11pm*	72	\$ 97.50	\$ 7,020.00
			\$	\$
	REGISTERED NURSE SHIFTS			
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Failure to use this form may result in disqualification			Total	\$ 78,520.00

Bidder / Vendor Information:

Name: Maxim Healthcare Services, Inc.

Address: 7227 Lee Deforest Drive
Columbia MD 21046

Phone#: 410-910-1553

Email Address: bryant@maxhealth.com

Contract Coordinator Information:

Name: _____

Address: _____

Phone#: _____

Email Address: _____

This form is for bidding evaluation purposes only. Usage hours are only an estimation.

***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**

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: Maxim Healthcare Services, Inc.

Authorized Signature: [Signature] Date: 9/30/2019

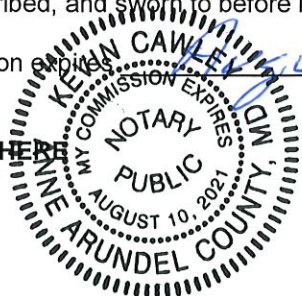
State of Maryland

County of Howard, to-wit:

Taken, subscribed, and sworn to before me this 30 day of SEPTEMBER, 2019

My Commission expires AUGUST 10, 2021

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]
Purchasing Affidavit (Revised 01/19/2018)