



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

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Procurement Folder: 855530

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: 000000208791

SO Doc ID: VNF2100000020

Legal Name: MANPOWER

Published Date: 3/17/21

Alias/DBA:

Close Date: 3/25/21

Total Bid: \$3,314,082.00

Close Time: 13:30

Response Date: 03/25/2021

Status: Closed

Response Time: 12:13

Solicitation Description: Addendum No. 1
Direct Care Nursing Staffing Services

Responded By User ID: ztreister1

Total of Header Attachments: 3

First Name: Zach

Total of All Attachments: 3

Last Name: Treister

Email: Zach.Treister@manpower.ci

Phone: 304.757.3338

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Registered Nurse weekday rate				458172.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Registered Nurse weekend rate				194220.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LPN weekday rate				1044780.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	LPN weekend rate				445410.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	CNA weekday rate				822500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	CNA weekend rate				349000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Pricing information included on pricing page

Extended Description:

See Attached

Exhibit A - CRFQ VNF21*20

Manpower of WV Pricing - March 2021

Item No.	Description Of Services	Estimated Hours Per Contract Year	Hourly Rate/ Unit Price	Extended Total
	Base Year One			
	Registered Nurse Shifts - Base Year One			
1	Weekday Rate	7,800	\$58.74	\$ 458,172.00
2	Weekend Rate	3,000	\$ 64.74	\$ 194,220.00
	Licensed Practical Nurse Shifts - Base Year One			
4	Weekday Rate	22,000	\$ 47.49	\$ 1,044,780.00
5	Weekend Rate	9,000	\$ 49.49	\$ 445,410.00
	Certified Nursing Assistant Shifts - Base Year One			
7	Weekday Rate	25,000	\$ 32.90	\$ 822,500.00
8	Weekend Rate	10,000	\$ 34.90	\$ 349,000.00
	Renewal Year One			
	Registered Nurse Shifts - Renewal Year One			
10	Weekday Rate	7,800	\$ 58.74	\$ 458,172.00
11	Weekend Rate	3,000	\$ 75.75	\$ 227,250.00
	Licensed Practical Nurse Shifts - Renewal Year One			
13	Weekday Rate	22,000	\$ 47.49	\$ 1,044,780.00
14	Weekend Rate	9,000	\$ 49.49	\$ 445,410.00
	Certified Nursing Assistant Shifts - Base Year One			
16	Weekday Rate	25,000	\$ 33.90	\$ 847,500.00
17	Weekend Rate	10,000	\$ 34.90	\$ 349,000.00
	Renewal Year Two			
	Registered Nurse Shifts - Renewal Year Two			
19	Weekday Rate	7,800	\$ 58.74	\$ 458,172.00
20	Weekend Rate	3,000	\$ 75.75	\$ 227,250.00
	Licensed Practical Nurse Shifts - Renewal Year Two			
22	Weekday Rate	22,000	\$ 47.49	\$ 1,044,780.00
23	Weekend Rate	9,000	\$ 49.49	\$ 445,410.00
	Certified Nursing Assistant Shifts - Renewal Year Two			
25	Weekday Rate	25,000	\$ 33.90	\$ 847,500.00
26	Weekend Rate	10,000	\$ 34.90	\$ 349,000.00

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	Renewal Year Three			
	Registered Nurse Shifts - Renewal Year Three			
28	Weekday Rate	7,800	\$ 60.00	\$ 468,000.00
29	Weekend Rate	3,000	\$ 80.00	\$ 240,000.00
	Licensed Practical Nurse Shifts - Renewal Year Three			
31	Weekday Rate	22,000	\$ 50.00	\$ 1,100,000.00
32	Weekend Rate	9,000	\$ 52.00	\$ 468,000.00
	Certified Nursing Assistant Shifts - Renewal Year Three			
34	Weekday Rate	25,000	\$ 34.90	\$ 872,500.00
35	Weekend Rate	10,000	\$ 36.00	\$ 360,000.00
			Grand Total	\$ 13,566,806.00

Vendor Information	
Printed Name	
Title	Company:
Signature	
Phone	Office: Cell Phone:
Fax	
Email	

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(l), 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: Manpower

Authorized Signature: ZACH Truster Date: _____

State of WV

County of Cabell, to-wit:

Taken, subscribed, and sworn to before me this 25 day of March, 2021.

My Commission expires June 30, 2024.



NOTARY PUBLIC Marie Lewis

Purchasing Affidavit (Revised 01/19/2018)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO VNF2100000020

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 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.

Manpower
Company

Zach Treister
Authorized Signature

3/21/21
Date

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

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.

Zach Treister - Director of Business Development
(Name, Title)
Zach Treister - Director of Business Development
(Printed Name and Title)
58 Mission Way, Suite 100 Scott Depot, WV
(Address)
304.757.3338 / 304.757.3339
(Phone Number) / (Fax Number)
Zach.Treister@manpower.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.

Manpower
(Company)
Zach Treister - Director of Development
(Authorized Signature) (Representative Name, Title)
Zach Treister - Director of Development
(Printed Name and Title of Authorized Representative)
3/25/21
(Date)
304.757.3338 / 304.757.3339
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION - CRFQ VNF21*20
Direct Care Staffing Services

10. MISCELLANEOUS:

10.1 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: Zach Treister

Phone Number: Office: 304.757.3338

Cell: _____

Fax: _____

Email Address: Zach.Treister@calypso.com