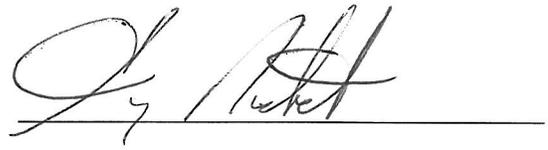


NOTICE

Please note that this bid from Saunders Staffing, Inc. for CRFQ VNF2200000001 was received prior to the established bid opening date and time of: September 1st, 2021 as noted on the coversheet, but was not read during bid opening because of technical difficulties.

A handwritten signature in black ink, appearing to read "Guy Nisbet", is written over a horizontal line.

Guy Nisbet

Assistant Purchasing Director



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 @ 12

List View 

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

Procurement Folder: 897576

Procurement Type: Central Master Agreement

Vendor ID: 000000206538 

Legal Name: SAUNDERS STAFFING INC

Alias/DBA:

Total Bid: \$10,874,779.44

Response Date: 08/30/2021 

Response Time: 16:11

Responded By User ID: CSaunders 

First Name: Connie

Last Name: Saunders

Email: saundersem@saunderss

Phone: 304-325-3273

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2200000001

Published Date: 8/26/21

Close Date: 9/1/21

Close Time: 13:30

Status: Closed

Solicitation Description: Direct Care Nursing Staffing Services 

Total of Header Attachments: 12

Total of All Attachments: 12



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

**State of West Virginia
 Solicitation Response**

Proc Folder: 897576
Solicitation Description: Direct Care Nursing Staffing Services
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2021-09-01 13:30	SR 0613 ESR08292100000001389	1

VENDOR
 000000206538
 SAUNDERS STAFFING INC

Solicitation Number: CRFQ 0613 VNF2200000001
Total Bid: 10874779.43999999947845935821 **Response Date:** 2021-08-30 **Response Time:** 16:11:37
Comments:

FOR INFORMATION CONTACT THE BUYER

David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X **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	Direct Care Nursing Services				10874779.44

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: This bid supersedes all other bids that have been given for this contract before the contract spread and price sheet was amended. The first price sheet did not populate correctly so my bid does not apply to accurate data
THIS BID SUPERSEDES ANY PREVIOUS BID SUBMITTED BECAUSE THE SPREADSHEET
Connie Saunders
President

Extended Description:

Open-end contract for Direct Care Nursing Services

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF220000001

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 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 checked="" 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.

Saunders Stopping, Inc
Company
Conner Saunders
Authorized Signature
8/25/21
Date

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

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: Michael CLEVENGER

Name of Agency WEST VIRGINIA VETERANS NURSING FACILITY

Description of PHI:

Information of Residents to the WV Veterans Nursing Facility, including but not limited to, name, social security number, date of birth, medical condition(s), medication(s).

AGREED:

Name of Agency: Sunders Staffing Inc

Name of Associate: Rick Wellens

Signature: Cornie Sanders

Signature: _____

Title: President

Title: Sec Trees

Date: 8/14/21

Date: 8/16/21

Form - WVBA-012004
Amended 08.28.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 11
BY Patrick Morrissey
Attorney General

CRFQ VNF22*01 Exhibit-A Revision 2 dated August 26, 2021

DirectCareNursingStaffingPricingPage

Item No.	Description Of Services	Estimated Per-Diem Shifts Per Contract Year (Note: Each shift is normally 12 hours)	Rate per Hour	Multiplied by 12 Hours to calculate Per Diem (Daily Rate)		Extended Total (Estimate Shifts x Daily Rate)
	BaseYearOne					
	Registered Nurse Shifts-Base Year One					
1	Weekday Rate	650	46.90	12	562.8	365820
2	Weekend Rate	250	48.8	12	585.6	146400
	Licensed Practical Nurse Shifts-Base Year One					
4	Weekday Rate	1,834	37.45	12	449.4	824199.6
5	Weekend Rate	750	39.45	12	473.4	355050
	Health Service Worker/Certified Nursing Assistant Shifts-Base Year One					
7	Weekday Rate	2,084	26.5	12	318	662712
8	Weekend Rate	834	28.75	12	345	287730
	Renewal Year One					
	Registered Nurse Shifts-Renewal Year One					
10	Weekday Rate	650	47.84	12	574.08	373152

11	Weekend Rate	250	49.78	12	597.36	149340
Licensed Practical Nurse Shifts-Renewal Year One						
13	WeekdayRate	1,834	38.2	12	458.4	840705.6
14	WeekendRate	750	40	12	480	360000
Health Service Worker/Certified Nursing Assistant Shifts-Renewal Year One						
16	Weekday Rate	2,084	27.03	12	324.36	675966.24
17	Weekend Rate	834	29.33	12	351.96	293534.64
Renewal Year Two						
Registered Nurse Shifts-Renewal Year Two						
19	Weekday Rate	650	48.8	12	585.6	380640
20	WeekendRate	250	50.78	12	609.36	152340
Licensed Practical Nurse Shifts-Renewal Year Two						
22	WeekdayRate	1,834	38.96	12	467.52	857431.68
23	Weekend Rate	750	40.5	12	486	364500
Health Service Worker/Certified Nursing Assistant Shifts-Renewal Year Two						
25	Weekday Rate	2,084	27.57	12	330.84	689470.56

26	Weekend Rate	834	29.92	12	359.04	299439.36
	Renewal Year Three					
	Registered Nurse Shifts-Renewal Year Three					
28	WeekdayRate	650	49.78	12	597.36	388284
29	WeekendRate	250	51.8	12	621.6	155400
	Licensed Practical Nurse Shifts-Renewal Year Three					
31	Weekday Rate	1,834	39.74	12	476.88	874597.92
32	Weekend Rate	750	41.5	12	498	373500
	Health Service Worker/Certified Nursing Assistant Shifts - Renewal Year Three					
34	Weekday Rate	2,084	28.12	12	337.44	703224.96
35	Weekend Rate	834	30.11	12	361.32	301340.88
					Grand Total	10874779.44

Vendor Information

Printed Name	<i>Connie Saunders</i>					
Title	<i>President</i>	Company:	<i>Saunders Staffing, Inc</i>			
Signature	<i>Connie Saunders</i>					

Price Sheet Attachment

Vendor Information

Printed Name *Connie Saunders*

Title *President*

Company: *Saunders Staffing, Inc*

Signature *Connie Saunders*

Phone Office: *304 344-4733*

Cell Phone: *304 920 1051*

Fax *304 325 6817*

Email *Saundersem@saundersstaffing.net*



SAUNDERS STAFFING
INCORPORATED



**Every company is different,
And your challenges unique.**





That's why we offer our expertise and seasoned coordinators to assist in your day to day needs for professional staff.

From healthcare and medical admin professional placements to clerical and light industrial staffing options, we promise a quick response time and great results. Our goal is to provide top opportunities to our applicants and flexible services to our clients.

WE PUT THE PERSONAL BACK IN PERSONNEL

We listen and provide the best service available in our region. We give employers in West Virginia and Virginia what they need to succeed:

- Services that meet your particular needs.
- Resources to keep your facilities operating efficiently.
- Temporary, temporary-to-hire, contract, long-term, and permanent placement.
- Flexible staffing to meet variable demands.

We strive to BE part of our clients' workforce process by sharing our access to proven talent in the medical, administrative and professional fields.

WHY PARTNER WITH SAUNDERS STAFFING AND PERSONNEL POOL OF VIRGINIA?

Experience. Our firm has provided temporary and permanent staffing and executive placement solutions since 1989.

Flexibility. Choose from a full range of services, customized to your specific needs. We serve Bluefield, Beckley, and Charleston, Southwestern and Central Virginia.

Screening. Our coordinators recruit professional candidates that meet all qualification and certification requirements.

Woman- and locally-owned. Work with a small Certified SWAM, WBENC and DBE certified Woman-Owned Business.

Cost-effective. Save time and money while reaching more high-quality candidates.

ONCE YOU CONTACT US, WE WILL WORK TOGETHER TO FIND THE RIGHT SOLUTION FOR YOUR ORGANIZATION.

Call (888) 799-2110 or visit www.saundersstaffing.net

SERVICES

Temporary
Contract
Temp-to-direct
Direct hire
Payroll services
Special projects

INDUSTRIES

Healthcare and
Medical Support
Administrative
and Professional
Professional
Light Industrial
Special Events
Government



SAUNDERS STAFFING
INCORPORATED

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.

Connie Saunders, President / Rick Wellons VP
(Name, Title) Sec Treas
Connie Saunders President / Rick Wellons
(Printed Name and Title)
116 Smith Street, Suite 317, Charleston, WV 25301
(Address)
304-344-4733, 304-325-6817
(Phone Number) / (Fax Number)
Saunderssem@saundersstaffing.net
(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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

Saunders Staffing, Inc
(Company)
Connie Saunders President
(Authorized Signature) (Representative Name, Title)
Connie Saunders, President / Rick Wellons
(Printed Name and Title of Authorized Representative) Sec Treas
8/16/21
(Date)
304 344 4733 - 304-325-6817
(Phone Number) (Fax Number)

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: Seunders Staffing Inc

Name of Associate: Rick Wellens

Signature: Connie Seunders

Signature: _____

Title: President

Title: Sec Trees

Date: 8/14/21

Date: 8/16/21

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Aug 20 21
Patrick Morrissey
Attorney General
BY _____

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: MICHAEL CLEVELAND

Name of Agency: WEST VIRGINIA VETERANS NURSING FACILITY

Description of PHI:

Information of Residents to the WV Veterans Nursing Facility, including but not limited to, name, social security number, date of birth, medical condition(s), medication(s).



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

State of West Virginia
 Centralized Request for Quote

Proc Folder: 897576		Reason for Modification:	
Doc Description: Addendum No. 1 Direct Care Nursing Staffing Services		Addendum No. 1	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-08-11	2021-08-18 13:30	CRFQ 0613 VNF2200000001	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:

Vendor Name : *Saunders Staffing, Inc*

Address : *1116 Smith St Suite 317*

Street :

City : *Charleston*

State : *WV* **Country :** *US* **Zip :** *25301*

Principal Contact : *Connie Saunders / Rick Cellons / Carolyn Cosby*

Vendor Contact Phone: *304-344-4733* **Extension:** *1001, 1002, 1005*

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X *Connie Saunders* **FEIN#** *550688283* **DATE** *8/16/21*

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

ADDITIONAL INFORMATION

Addendum No. 1

1. To make a change to the specifications see attached documents.
2. To respond to vendor questions that are attached.
2. Bid opening remains on 8/18/2021 at 1:30 pm EST.

No other changes.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV	CLARKSBURG	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Direct Care Nursing Services				

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:

Open-end contract for Direct Care Nursing Services

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions due 10:00 am	2021-08-09

	Document Phase	Document Description	Page
VNF220000001	Final	Addendum No. 1 Direct Care Nursing Staffing Services	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Centralized Request for Quote

Proc Folder: 897576			Reason for Modification:
Doc Description: Direct Care Nursing Staffing Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-08-04	2021-08-18 13:30	CRFQ 0613 VNF2200000001	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:

Vendor Name: *Saunders Staffing, Inc* *888 799-2110*

Address:

Street: *1116 Smith St, Suite 317*

City: *Charleston*

State: *WV* **Country:** *US* **Zip:** *25301*

Principal Contact: *Connie Saunders/Rick Welton*

Vendor Contact Phone: *304 344-4733* **Extension:** *1007 or 1002*

FOR INFORMATION CONTACT THE BUYER
 David H Pauline
 304-558-0067
 david.h.pauline@wv.gov

Vendor Signature X *Connie Saunders* **FEIN#** *55.0688283* **DATE** *8/16/21*

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

ADDITIONAL INFORMATION

The State of West Virginia Purchasing Division, is soliciting bids for the West Virginia Veterans Nursing Facility in Clarksburg, WV to establish an open-end contract for Direct Care Nursing Staffing Services for the West Virginia Veterans Nursing Facility located at 1 Freedom Way, Clarksburg, WV 26301, per the attached documentation.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG US	WV	CLARKSBURG US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Direct Care Nursing Services				

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
Open-end contract for Direct Care Nursing Services

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions due 10:00 am	2021-08-09

	Document Phase	Document Description	Page
VNF2200000001	Final	Direct Care Nursing Staffing Services	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions