



14 Chenoweth Dr, Bridgeport, WV
P.O. Box 4070
Clarksburg, WV 26302
Phone (304) 623-5777
Fax (304) 623-6044
Website: www.usnursingnetwork.com

FACSIMILE COVER SHEET

Date: <u>10-27-2022</u>	From: <u>Jennifer Arbonaise</u>
To: <u>David Pauline, SR. Buyer</u>	Phone: <u>304-623-5777</u>
Company: <u>WV Purchasing Division</u>	Fax: <u>304-623-6044</u>
Fax #: <u>304-558-3970</u>	Pages: <u>(including cover)</u>

Message:

Attached please find documents required for:

Solicitation #CRFQ 0613 VNF2300.....04

Buyer Name: David Pauline

BID Opening: October 27, 2022 1:30pm

10/27/22 13:18:48
WV Purchasing Division



14 Chenoweth Drive
Bridgeport, WV 26330
Phone (304) 623-5777
Fax (304) 623-4172
www.usnursingnetwork.com

October 27, 2022

WV Purchasing Division
Attn: David Pauline, Sr. Buyer
2019 Washington St. East
Charleston, WV 26305

Dear Mr. Pauline,

Thank you for your interest in U.S. Nursing Network, Inc. We are pleased to provide this information in regards to the Prequalification of Vendors for Solicitation #CRFQ 0613 VNF230....04.

Regarding Section 2. VENDOR QUALIFICATIONS:

- 3.1 U.S. Nursing Network, Inc. has been in business and successfully staffing per diem and travel nursing staff to Long Term Care Facilities, Hospitals, Homecare and other agencies since April 1, 2001. We have worked with the VNF in Clarksburg, WV since the facility opened in 2008, with the exception of two gaps in contract.
- 3.2 U.S. Nursing Network, Inc. operates at our physical location in Bridgeport, WV during normal business hours, Monday through Friday, 8am-5pm. There is a Staffing Coordinator on call at all times between the hours of 5pm-8am on weekdays and all weekends and holidays. The on-call cell phone number will be provided upon successful award of contract.
- 3.3 U.S. Nursing Network, Inc. has been in the business of providing Direct Care Staff in Long Term Care Facilities since 2001; therefore, we are proficient in compliance with Federal and WV laws, regulations, and rules.
- 3.4 U.S. Nursing Network, Inc. will provide all licenses, permits, and certification that are required in the performance of this contract prior to the start date of service.

- 3.5 U.S. Nursing Network, Inc. currently has an account with WV Cares and all staff are cleared.
- 3.6 Staffing Plans:
- 3.6.1 U.S. Nursing Network, Inc. will be able to provide coverage for open shifts at the VNF, including weekends, holidays, vacations, and call-offs by utilizing our current staff as well as recruiting new staff. Through a combination of full-time/travel/contract staff wo we hope to be able to lock into a "set schedule" if possible and use of part-time/per diem staff, we believe we can successfully meet a large percentage of the open shifts at the WV Veterans Nursing Facility. We will be able to provide RN's, LPN's, and CNA's/HSW's through both full-time and part-time/per diem placements.
- 3.6.2 U.S. Nursing Network, Inc. is located in Bridgeport/Clarksburg, WV. Almost all of our staff are from this and the surrounding area in WV. Recruitment will be no issue for us in this area. We will continue our recruitment/retention plans as we have for the past 21.5 years, which has proved to be successful in maintaining a pool of RN's, LPN's, and CNA's/HSW's adequate to meet the needs of our Staffing Agencies.

If you have questions or need additional information, please feel free to contact me at 304-623-5777 or by email. Thank you for the opportunity to present our information for consideration!

Sincerely,

Jennifer Arbonaise

Jennifer Arbonaise
MPA, CHA, BA, LPN
President & CEO

Enclosures



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: 1120188		Reason for Modification:	
Doc Description: Prequalification of Vendors for DCSS		Addendum No. 1	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-10-18	2022-10-27 13:30	CRFQ 0613 VNF2300000004	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000214594
Vendor Name: U.S. Nursing Network Inc.
Address: P.O. Box 4070 Clarksburg WV 26302
Street: 1# Chenaveth Dr.
City: Bridgeport
State: W Country: Harrison Zip: 26330
Principal Contact: Jennifer Arbanase
Vendor Contact Phone: 304-623-5777 Extension:

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

Vendor Signature X *Jennifer Arbanase* FEIN# 56 224 5504 DATE 10/26/22

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

ADDITIONAL INFORMATION

Addendum No. 1
 To publish responses to vendor technical questions, see attached.
 Bid opening remains October 27, 2022 at 1:30 pm est.
 No other changes.

INVOICE TO	SHIP TO
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DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Nursing services	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:
 Prequalification of Vendors for Direct Care Staffing Service

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Technical Questions Dub by 11:00 am est.	2022-10-18

	Document Phase	Document Description	Page
VNF2300000004	Draft	Prequalification of Vendors for DCSS	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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.

(Printed Name and Title) Jennifer Arbonaise, President
(Address) P.O. Box 4070 Clarksburg WV 26302
(Phone Number) / (Fax Number) 304-844-0080 | 304-623-6044
(email address) Jennifer@usnursingnetwork.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

U.S. Nursing Network, Inc.
(Company)
Jennifer Arbonaise
(Signature of Authorized Representative)
Jennifer Arbonaise, President 10-26-2022
(Printed Name and Title of Authorized Representative) (Date)
304-844-0080 | 304-623-6044
(Phone Number) (Fax Number)
Jennifer@usnursingnetwork.com
(Email Address)

SOLICITATION NUMBER: CRFQ VNF2300000004
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ VNF2300000004 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
- To respond to technical questions
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Additional Documentation:

1. To respond to vendor technical questions, see attached.
2. Bid opening date and time remains October 27, 2022, at 1:30 pm
3. No other changes.

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.

CRFQ 0613 VNF2300000004

DCSS Prequalification Bid

Addendum 1 - Questions & Responses

QUESTION 1: Technical questions regarding inputting of information correctly into the online bid: Under Group 1 Default Commodity Group Are you looking to have individual modalities (Health service worker, CNA, LPN, and RN) all listed here or are these supposed to be left blank?

- a. Additionally, if these are left here, do you prefer to have 1 line per modality listed? Does the "Delivery days" pertain to a specific number?
- b. Lastly, if this information does not go here, do we simply leave it blank?

ANSWER 1: Do not enter or provide any pricing information. This award is based on Vendor Qualifications only. Pricing will be requested separately under the "Requests for Bids". See Specifications Section 5.

QUESTION 2: Along with the 37 page solicitation document, do you have a preference on how you would like potential bill rates to be presented? I did not see a pricing list available to complete and wanted to ensure I was uploading and providing this correctly.

ANSWER 2: Do not enter or provide any pricing information. This award is based on Vendor Qualifications only. Pricing will be requested separately under the "Requests for Bids". See Specifications Section 5.

QUESTION 3: Can you please answer section 4.1 to confirm what is meant by "purchase order?"

ANSWER 3: The purchase order will be the Award Document as defined in the General Terms & Conditions.

QUESTION 4: Does this mean each time there is a need a RFQ will drop for agencies to fill open needs and/or does it mean it will be awarded to a pool of vendors and the request to fill will be sent out each month?

ANSWER 4: See Specifications Section 5. The frequency of Requests for Bids is undetermined. The Requests for Bids will be sent to Prequalified Vendors only. Schedules will continue to be sent out monthly, first to the lowest bidder, then the next lowest, and so on.

QUESTION 5: Can you confirm if you will be sending out a pricing table for us to complete

ANSWER 5: Yes, with the Requests for Bids. See Specifications Section 5.2

QUESTION 6: You only have one line for nurses day shift. What is the method of representing one day for all nurse positions? Not sure what number you are looking for. A total of all three positions for 12 hours totaled perhaps?

ANSWER 6: Do not enter or provide any pricing information. This award is based on Vendor Qualifications only. Pricing will be requested separately under the "Requests for Bids". See Specifications Section 5.

END OF ADDENDUM 1 – QUESTIONS & ANSWERS

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO VNF2300000004

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.

U.S. Nursing Network Inc
Company

Janet Arlona
Authorized Signature

10/24/22
Date

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

WV-1
REV. 03/29/2022

000214594

 New Update

STATE OF WEST VIRGINIA - PURCHASING DIVISION

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT
AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS
CERTIFICATION APPLICATION**

Before a vendor is eligible to sell goods and/or services to the State of West Virginia, the *West Virginia Code* §5A-3-12 requires all vendors to have on file with the West Virginia Purchasing Division a completed Vendor Registration and Disclosure Statement. All vendors wishing to participate in the competitive bid process and receive purchase orders from the State of West Virginia exceeding \$2,500 in aggregate across all state agencies are required to complete the Vendor Registration and Disclosure Statement (WV-1 form) and pay a **\$125.00** annual fee. Payment of the annual fee includes email notifications on bid opportunities based on the commodities and services selected upon registering in the Vendor Self-Service (VSS) portal at wvOASIS.gov. Please complete this form in its **ENTIRETY** and return it with a check or money order made payable to the **STATE OF WEST VIRGINIA** in the amount of **\$125.00**. Incomplete forms may not be processed and may be returned to the vendor. Please send completed form and payment to:

**Purchasing Division - Vendor Registration
2019 Washington Street East
Charleston, WV 25305-0130**

Whenever a change occurs in the information submitted, such change shall be reported immediately in the same manner as required in the original disclosure statement (*West Virginia Code* §5A-3-12). Vendors doing business with the State of West Virginia are expected to abide by the **Vendor Code of Conduct** available online at www.state.wv.us/admin/purchase/vrc/vendorconduct.pdf.

Privacy Notice: The Purchasing Division is required to collect certain information as stated in *West Virginia Code* §5A-3-12, other applicable sections of the *West Virginia Code*, the Vendor Registration and Disclosure Statement forms, and other documents to facilitate the state bidding and contract administration processes. This information is stored in a secure environment, but unless specifically protected under state law, any information provided may be inspected by or disclosed to the public.

Vendors are also required to be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or other state agencies or political subdivisions. Failure to do so may result in delay of or disqualification from a contract award pursuant to *West Virginia Code of State Rules* §148-1-6.1.7.

Should you need additional information relating to vendor registration, please visit www.state.wv.us/admin/purchase/VendorReg.html. Questions concerning this Vendor Registration and Disclosure Statement may be directed to the Purchasing Division at (304) 558-2311.

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

1. Legal Name of Company/Individual U.S. Nursing Network, Inc.

Ordering Address 124 Oakwood Circle Bridgeport WV 26330

(Please provide a physical address, not a post office box.)

Payment Address P.O. Box 4070

City, State, Zip Clarksburg WV 26302

Telephone Number 304-844-0080 Fax Number 304-623-6044

Principle Contact Person Jennifer Arbonaise E-mail Jennifer@usnursingnetwork.com

Contact's Telephone Number 304-844-0080 Contact's Fax Number 304-623-6044

DBA, if any

Ordering Address P.O. Box 4070 Clarksburg WV 26302

Payment Address Same as above

City, State, Zip

Telephone Number 304-844-0080 Fax Number 304-623-6044

Principle Contact Person Jennifer Arbonaise E-mail Jennifer@usnursingnetwork.com

Contact's Telephone Number Same Contact's Fax Number Same

2. Vendor Tax Classification:

- | | | | |
|-------------------------------------|-----------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Individual | <input type="checkbox"/> | Government |
| <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Medical Corporation |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Attorney Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Non-Profit Organization |
| <input type="checkbox"/> | Board Member | <input type="checkbox"/> | Payroll |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | Employee |
| <input type="checkbox"/> | Estate | | |

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

3. Taxpayer Identification Number (TIN): If you have an Identification Number, enter it below. All partnerships, corporations, or companies with employees must have an EIN.

5 6 2 2 4 5 5 0 4 EIN

If you do not have a EIN, please enter Social Security number (SSN), Individual Taxpayer Identification Number (ITIN) or Adoptive Identification Number (ATIN) and check the correct below.

 - (SSN ITIN ATIN)

4. (A) Small, Women-Owned, Minority-Owned Businesses

West Virginia Code §5A-3-59 establishes a procurement certification program in West Virginia for small, women-, and minority-owned businesses. Requirements related to the certification program are provided in the *West Virginia Code of State Rules §148-2-1* et seq. Note that this certification provides nonresident vendors preference that is equivalent to competing resident (West Virginia) vendors that have applied for resident vendor preference, in accordance with *West Virginia Code §5A-3-37*. This certification may assist resident small, women-, and minority-owned businesses when soliciting business in other states. If you are renewing your two-year SWAM business certification status, please indicate the appropriate designation below.

Certification of Status (Check all those which apply)

Minority-owned Business [1] means a business concern that is at least fifty-one percent owned by one or more minority individuals or in the case of a corporation, partnership, or limited liability company or other entity, at least fifty-one percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.

- A "minority individual" means an individual who is a citizen of the United States or a noncitizen who is in full compliance with United States immigration law and who satisfies one or more of the following definitions:
 - **African American** means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
 - **Asian American** means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, but not limited to, Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
 - **Hispanic American** means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
 - **Native American** means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

Small Business [2] means a business, independently owned or operated by one or more persons who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, which, together with affiliates, has two hundred fifty or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

Women-owned Business [3] means a business concern that is at least fifty-one percent owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, or in the case of a corporation, partnership or limited liability company or other entity, at least fifty-one percent of the equity ownership interest is owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, and both the management and daily business operations are controlled by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law.

(B) Other Federal Designations

Additionally, by providing the following information, I represent that this enterprise is a small business as defined by the *Code of Federal Regulations*, Title 13, Part 121, as appended - which contains detailed industry definitions and related procedures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected in the information provided. *Check all that apply.*

Disabled Small Business Ownership [4]

Veteran Small Business Ownership [5]

5. Commodity Codes: You may register for commodity codes for the products and services that you offer, which will provide you with bid opportunity alerts and notifications should you become a paid registered vendor. To perform this function, visit the Vendor Self-Service (VSS) Portal at wvOASIS.gov.

6. What is the latest Dun & Bradstreet number and rating on the vendor? _____

7. Is the vendor acting as an agent for some other individual, firm or corporation? If yes, attach statement of the principal authorizing such representation. No Yes

By signing below and submitting this form, the vendor certifies and acknowledges that: 1) it has obtained all licenses, certifications, and authorizations necessary to lawfully conduct business in the state of West Virginia; and 2) that the assertions made by completing this form and delivering it to the Purchasing Division are accurate and true in accordance with the applicable law and rules. As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete, in accordance with *West Virginia Code* §5A-3-12(e).

In the event that the vendor is applying for certification as a small, women-, or minority-owned business, the vendor's signature below further certifies that: 1) the state in which the vendor has its headquarters or principal place of business does not deny a like certification to a West Virginia based small, women-owned, or minority-owned business; 2) the state in which the vendor has its headquarters or principal place of business does not provide a preference to small, women-owned, or minority-owned firms that is unavailable to West Virginia based businesses; and, 3) that it has read and understands this form, along with the law and rules governing certification as a small, women-owned, or minority-owned business.

Jennifer Arbouaise

Authorized Agent of Vendor (Print Name)

Jennifer Arbouaise

Authorized Agent (Signature)

President

Title

10-20-2022

Date

**PURCHASING DIVISION
USE ONLY**

Vendor ID: _____

Check No. : _____

Memo No. : _____

Date: _____

Entered by: _____