



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 @ 1

List View

- General Information**
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- Clarification Request

Procurement Folder: 1340813

Procurement Type: Central Master Agreement

Vendor ID: 000000109245

Legal Name: JAYKAY INC

Alias/DBA: JAYKAY INC

Total Bid: \$224,250.00

Response Date: 01/03/2024

Response Time: 9:29

Responded By User ID: MichelleMc

First Name: Michelle

Last Name: McCarty

Email: mmccarty@jaykaymedicalsta

Phone: 8004425441

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2400000006

Published Date: 12/15/23

Close Date: 1/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: Nurse Practitioner

Total of Header Attachments: 1

Total of All Attachments: 1



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: 1340813
Solicitation Description: Nurse Practioner
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-01-04 13:30	SR 0613 ESR01032400000003100	1

VENDOR
 000000109245
 JAYKAY INC

Solicitation Number: CRFQ 0613 VNF2400000006
Total Bid: 224250
Response Date: 2024-01-03
Response Time: 09:29:30
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	Nursing services				224250.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Grand Total of \$115.00 hourly rate x estimated 1,950 hours as indicated on Exhibit A Pricing Page.

Extended Description:

See Exhibit "A" Pricing Page
Nurse Practitioner for the WVNF

**Exhibit A - Pricing Page
Nurse Practitioner**

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Total
1	Nurse Practitioner Hourly Rate	1,950	115.00	\$ 224,250 -00
			Grand Total	\$ 224,250 -00

*Estimated number of hours is not guaranteed.

Vendor Information	
Vendor: <u>Jaykay Services, INC dba Jaykay Medical Staffing</u>	Printed Name: <u>Nancy malika</u>
Address: <u>2054 Classique Lane</u> <u>Tavares, FL 32778</u>	Title: <u>General manager</u>
Office Phone: <u>(800) 442-5441</u>	*Signature <u>Nancy malika</u>
Cell Phone: _____	*I hereby certify I am authorized by the Vendor to sign this document.
Fax: <u>(800) 805-9016</u>	Email: <u>nmalika@jaykaymedicalstaffing.com</u>

REQUEST FOR QUOTATION – CRFQ VNF24*06
NURSE PRACTITIONER

- 9.2 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 10. CONTRACT MANAGER:** Vendor must designate and maintain a primary manager responsible for overseeing Vendor's responsibilities under the contract. The manager must be available during normal business hours to address any customer service issues related to the contract and/or purchase orders.

JayKay Services, INC
Vendor Name JayKay Medical Staffing

Contract Manager Nancy Malika

Telephone Number (800) 442-5441

Fax Number (800) 805-9016

Email Address n.malika@jaykaymedicalstaffing.com

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF240000006

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.

JayKay Services, INC dba
JayKay Medical Staffing

Company

M. Verde

Authorized Signature

12/27/2023

Date

NOTE: This addendum acknowledgement 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.

(Printed Name and Title) Nancy Malika, General Manager

(Address) 2054 Classique Lane Tavares, FL 32718

(Phone Number) / (Fax Number) (800) 442-5441 / (800) 805-9016

(email address) nmalika@jaykaymedicalstaffing.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.

JayKay Services, Inc dba JayKay Medical Staffing

(Company)

~~Signature~~

(Signature of Authorized Representative)

Nancy Malika, General Manager

(Printed Name and Title of Authorized Representative) (Date)

(800) 442-5441 / (800) 805-9016

(Phone Number) (Fax Number)

nmalika@jaykaymedicalstaffing.com

(Email Address)