



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

## Contact

## Default Values

## Discount

## Document Information

## Clarification Request

Procurement Folder: 1430492

Procurement Type: Central Master Agreement

Vendor ID: 000000109245 

Legal Name: JAYKAY INC

Alias/DBA: JAYKAY INC

Total Bid: \$143,104.00

Response Date: 06/12/2024 

Response Time: 19:05

Responded By User ID: MichelleMc 

First Name: Michelle

Last Name: McCatty

Email: mmccarty@jaykaymedicalt

Phone: 8004425441

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2400000014

Published Date: 6/5/24

Close Date: 6/13/24

Close Time: 13:30

Status: Closed

Solicitation Description: Registered Dietician and Consultant for WVNF

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:** 1430492  
**Solicitation Description:** Registered Dietician and Consultant for WVVNF  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-06-13 13:30	SR 0613 ESR06122400000007757	1

VENDOR

000000109245  
JAYKAY INC

**Solicitation Number:** CRFQ 0613 VNF2400000014

**Total Bid:** 143104      **Response Date:** 2024-06-12      **Response Time:** 19:05:24

**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	Registered Dietician Consulting Services				143104.00

Comm Code	Manufacturer	Specification	Model #
85151605			

**Commodity Line Comments:** Total across all four lines (contract years).

**Extended Description:**

See Attached Exhibit "A" Pricing Page To Input Pricing.  
Registered Dietician and Consulting Services for the WVVNF



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: 1430492

Doc Description: Registered Dietician and Consultant for WVNF

Reason for Modification:

Addendum No. 1

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-06-05	2024-06-13 13:30	CRFQ 0613 VNF2400000014	2

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Customer Code: 000000109245

Vendor Name : JayKay Services INC dba JayKay Medical Staffing

Address : 2054

Street : Classique Lane

City : Tavares

State : Florida

Country : USA

Zip : 32778

Principal Contact : Nancy Malika

Vendor Contact Phone: (800) 442-5441

Extension:

FOR INFORMATION CONTACT THE BUYER

David H Pauline

304-558-0067

david.h.pauline@wv.gov

Vendor  
Signature X

FEIN# 200131316

DATE 6/12/24

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

**ADDITIONAL INFORMATION**

Addendum No. 1

To provide responses to the vendor technical questions, see attached.

Bid Opening date and time remains June 23, 2024, 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 US	WV	CLARKSBURG US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Registered Dietician Consulting Services	1	832 hrs.	\$40.00	\$33,280.00

Comm Code	Manufacturer	Specification	Model #
85151605			

**Extended Description:**

See Attached Exhibit "A" Pricing Page To Input Pricing.

Registered Dietician and Consulting Services for the WVNPF

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 am., est.	2024-06-05

	Document Phase	Document Description	Page 3
VNF2400000014	Final	Registered Dietician and Consultant for WVVNF	

# **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: 1430492

Doc Description: Registered Dietician and Consultant for WVVNF

Reason for Modification:

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-05-30	2024-06-13 13:30	CRFQ 0613 VNF2400000014	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000109245

Vendor Name : JayKay Services, INC dba JayKay medical staffing

Address : 2054

Street : Classique Lane

City : Tavares

State : FL

Country : USA

Zip : 32178

Principal Contact : Nancy malika

Vendor Contact Phone: (800) 442-5441

Extension:

FOR INFORMATION CONTACT THE BUYER

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

Vendor  
Signature X

FEIN# 200131316

DATE 6/12/24

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



**ADDITIONAL INFORMATION**

The West Virginia Purchasing Division, is soliciting bids on behalf of the WV Veterans Nursing Facility, to establish an open-end contract for Registered Dietician Consulting Services per the attached specifications and documentation.

**INVOICE TO**

DIVISION OF VETERANS  
AFFAIRS  
1 FREEDOMS WAY

CLARKSBURG  
US

WV

**SHIP TO**

VETERAN'S NURSING  
FACILITY  
1 FREEDOMS WAY

CLARKSBURG  
US

WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Registered Dietician Consulting Services	1	832 hrs.	\$40.00	\$33,280.00

**Comm Code****Manufacturer****Specification****Model #**

85151605

**Extended Description:**

See Attached Exhibit "A" Pricing Page To Input Pricing.

Registered Dietician and Consulting Services for the WVVNF

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 am., est.	2024-06-05

**Bid Delivery Address and Fax Number:**

Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130  
Fax: 304-558-3970

A bid submitted in paper or facsimile form should contain the information listed below on the face of the submission envelope or fax cover sheet. Otherwise, the bid may be rejected by the Purchasing Division.

VENDOR NAME: JayKay Services, INC dba JayKay Medical Staffing

BUYER:

SOLICITATION NO.: CRFQ 0613 VNF2400000014

BID OPENING DATE: June 13th, 2024

BID OPENING TIME: 1:30pm EST

FAX NUMBER:

**7. BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: June 13, 2024, at 1:30 pm., est.

Bid Opening Location: Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130

**8. ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, 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.

**9. BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

**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 Florida 32778

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

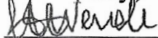
(email address) nmalika@jaykaymedicalstaffing.com

**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 of Authorized Representative)

Nancy Malika, General Manager

June 12th, 2024

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

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

(Phone Number) (Fax Number)

nmalika@jaykaymedicalstaffing.com

(Email Address)

REQUEST FOR QUOTATION – CRFQ VNF24\*14  
Registered Dietician Consulting Services

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- 10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.
- 10.1.2. Failure to comply with other specifications and requirements contained herein.
- 10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 10.1.4. Failure to remedy deficient performance upon request.

The following remedies shall be available to Agency upon default.

- 10.1.5. Immediate cancellation of the Contract.
- 10.1.6. Immediate cancellation of one or more release orders issued under this Contract.
- 10.1.7. Any other remedies available in law or equity.

**11. MISCELLANEOUS:**

- 11.1. **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:** Nancy Malika

**Telephone Number:** (800) 442-5441

**Fax Number:** (800) 805-9016

**Email Address:** nmalika@jaykaymedicalstaffing.com



**Exhibit A**  
**Pricing Page**

**Registered Dietician Consulting Services**

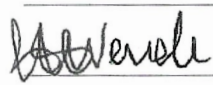
Item No.	Description Of Services	Hourly Rate	Estimated hours per year (based on 16 hours per week)	Total Item Cost
	<b>Base Year One</b>			
1	Registered Dietician	\$ 40.00 -	832	\$ 33,280.00 -
	<b>Renewal Year One</b>			
2	Registered Dietician	\$ 42.00 -	832	\$ 34,944.00 -
	<b>Renewal Year Two</b>			
3	Registered Dietician	\$ 44.00 -	832	\$ 36,608.00 -
	<b>Renewal Year Three</b>			
4	Registered Dietician	\$ 46.00 -	832	\$ 38,272.00 -
<b>Grand Total:</b>				<b>\$ 143,104.00</b>

Vendor Information	
Vendor: <u>JayKay Services, Inc</u> <u>dba JayKay medical staffing</u>	*Printed Name <u>Nancy Malika</u>
Address: <u>2054 Classique Ln.</u> <u>Tavares, FL 32718</u>	Title <u>General Manager</u>
Office Phone: <u>(800) 442-5441</u>	*Signature <u>[Signature]</u>
Cell Phone <u>(909) 686-6088</u>	*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>

**Exhibit A**  
**Pricing Page**

**Registered Dietician Consulting Services**

Item No.	Description Of Services	Hourly Rate	Estimated hours per year (based on 16 hours per week)	Total Item Cost
	<b>Base Year One</b>			
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3	Registered Dietician	\$ 44.00	832	\$ 36,608.00
	<b>Renewal Year Three</b>			
4	Registered Dietician	\$ 46.00	832	\$ 38,272.00
<b>Grand Total:</b>				\$ 143,104.00

Vendor Information			
Vendor:	<u>JayKay Services INC dba JayKay Medical</u>	*Printed Name	<u>Nancy Malika</u>
Address:	<u>2054 Classique Lane, Tavares FL 32778</u>	Title	<u>General Manager</u>
		*Signature	
Office Phone:	<u>800-442-5441</u>	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone	<u>909-686-6088</u>		
Fax	<u>800-805-9016</u>		
		Email:	<u><a href="mailto:nmalika@jaykaymedicalstaffing.com">nmalika@jaykaymedicalstaffing.com</a></u>