



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

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Procurement Folder: 1397508

Procurement Type: Central Master Agreement

Vendor ID: VS0000044669

Legal Name: Remarkable Staffing, LLC

Alias/DBA: Remarkable Staffing, LLC

Total Bid: \$0.00

Response Date: 03/27/2024

Response Time: 1:29

Responded By User ID: jjoseph26

First Name: jordan

Last Name: joseph

Email: jjoseph@remarkablestaffin

Phone: 4043373882

SO Doc Code: CRFQ

SO Dept: 0618

SO Doc ID: BVH2400000002

Published Date: 3/26/24

Close Date: 4/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA

Total of Header Attachments: 3

Total of All Attachments: 3



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: 1397508
Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-04-04 13:30	SR 0618 ESR03262400000005413	1

VENDOR
 VS0000044669
 Remarkable Staffing, LLC

Solicitation Number: CRFQ 0618 BVH2400000002
Total Bid: 0
Response Date: 2024-03-27
Response Time: 01:29:39
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	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR	1.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing.
 Contract Nursing Services RN, LPN, HSA

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) Jordan Joseph Owner

(Address) 1201 Peachtree St NE #300 Atlanta, Georgia

(Phone Number) / (Fax Number) 4043373882

(email address) jjoseph@remarkablestaffing.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.

Remarkable Staffing, LLC

(Company) Jordan Joseph

(Signature of Authorized Representative)
Jordan Joseph Owner 03/27/2024

(Printed Name and Title of Authorized Representative) (Date)
4043373882

(Phone Number) (Fax Number)
jjoseph@remarkablestaffing.com

(Email Address)

REQUEST FOR QUOTATION – CRFQ BVH24*02
[Direct Care Staffing for Nursing Services]

8.2 The following remedies shall be available to the Agency upon default.

8.2.1 Immediate cancellation of the Contract.

8.2.2 Immediate cancellation of one or more release orders issued under this Contract.

8.2.3 Any other remedies available in law or equity.

9. MISCELLANEOUS:

9.1 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: Jordan Joseph
Telephone Number: 4043373882
Fax Number: _____
Email Address: jjoseph@remarkablestaffing.com

EXHIBIT "A" PRICING PAGE - CRFQ BVH24*02**TEMPORARY NURSING STAFFING SERVICES**

To use this pricing page electronically enter the "rate per hour" in each cell as a dollar value and the spreadsheet should fill in the totals automatically. Should the spreadsheet not automatically calculate the totals or you complete this on paper you would need to multiply the estimated annual usage hours by the rate per hour to get the extended price. It is understood through the specifications that the overtime rate is 1.5 times the regular hourly rate for that classification. A 1.5 multiplier will be assigned to each vendor hourly rate by the evaluation committee to verify the Overtime rate bid is correct. Once lines 1 - 9 have their extended price add all the extended prices together to get the total for the bid.

Item #	Description	Quantity	Cost Per Hour	Extended Cost
1	Temporary RN Regular Hours	300	\$63.00	\$18,900.00
2	Temporary RN Holiday Rate	24	\$63.00	\$1,512.00
3	Temporary LPN Regular Hours	500	\$43.00	\$21,500.00
4	Temporary LPN Holiday Rate	56	\$43.00	\$2,408.00
5	Temporary HSA Regular Hours	700	\$30.00	\$21,000.00
6	Temporary HSA Holiday Rate	56	\$30.00	\$1,680.00
7	Temporary RN Overtime Rate (RN)	24	\$94.50	\$2,268.00
8	Temporary LPN Overtime Rate (LPN)	24	\$64.50	\$1,548.00
9	Temproary HSA Overtime Rate	24	\$45.00	\$1,080.00
Failure to use this form may result in disqualification				\$71,896.00

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BVH240000002

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.

Remarkable Staffing, LLC

Company



Authorized Signature

03/27/2024

Date

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