



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 5

List View

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

Procurement Folder: 1397508

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0618

Vendor ID: 000000208791 

SO Doc ID: BVH2400000002

Legal Name: MANPOWER

Published Date: 3/26/24

Alias/DBA:

Close Date: 4/4/24

Total Bid: \$0.00

Close Time: 13:30

Response Date: 04/03/2024 

Status: Closed

Response Time: 11:16

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

Responded By User ID: ztreister1 

Total of Header Attachments: 5

First Name: Zach

Total of All Attachments: 5

Last Name: Treister

Email: Zach.Treister@manpower

Phone: 304.757.3338



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 ESR04032400000005759	1

VENDOR
 000000208791
 MANPOWER

Solicitation Number: CRFQ 0618 BVH2400000002
Total Bid: 0
Response Date: 2024-04-03
Response Time: 11:16:04
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	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: Individual unit 'fields' (price) not available to input separately

Extended Description:

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

WBENC

WOMEN'S BUSINESS ENTERPRISE
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

Manpower of WV, Inc. DBA Manpower

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council Ohio River Valley, a WBENC Regional Partner Organization.

Certification Granted: November 30, 2015

Expiration Date: November 30, 2024

WBENC National Certification Number: 2005127835



Authorized by Lynnise Smith, Executive Director
Women's Business Enterprise Council Ohio River
Valley

WBECORV
WOMEN'S BUSINESS ENTERPRISE COUNCIL
OHIO RIVER VALLEY

JOIN FORCES. SUCCEED TOGETHER.

NAICS: 561320, 561311

UNSPSC: 73151501, 80111600, 80111603, 80111611, 80111614, 80111617, 80111618, 80111620, 80111700, 80111710, 80111716



Great Lakes
Women's
Business
COUNCIL

GREATLAKES
WOMEN'S
BUSINESS
COUNCIL

WOMEN'S
BUSINESS
COUNCIL
SOUTHWEST

WBECMETRONY
WOMEN'S BUSINESS ENTERPRISE CENTER

WBECGREATER DMV
WOMEN'S BUSINESS ENTERPRISE CENTER

WBEA

WBEC EAST
WOMEN'S BUSINESS ENTERPRISE CENTER

WBEC FLORIDA
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBEC PACIFIC
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WOMEN'S
BUSINESS
DEVELOPMENT
CENTER

WBEC SOUTH
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBEC WEST
WOMEN'S BUSINESS ENTERPRISE COUNCIL

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: ZACH Troister
Telephone Number: 304-757-9589
Fax Number: ~~304~~
Email Address: ZACH.Troister@manpower.com

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) ZACH Treister → Director
(Address) 58 Mission Way, Suite 100, Scott Depot WV 25560
(Phone Number) / (Fax Number) ~~304.757.9589~~ 304.757.9589
(email address) Zach.Treister@manpower.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.

Manpower
(Company) Z. Treister
(Signature of Authorized Representative) ZACH Treister
(Printed Name and Title of Authorized Representative) (Date)
(Phone Number) (Fax Number) ~~304.757.9589~~ 304.757.9589
(Email Address) Zach.Treister@manpower.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	\$62.92	\$18,876.00
2	Temporary RN Holiday Rate	24	\$94.38	\$2,265.12
3	Temporary LPN Regular Hours	500	\$51.91	\$25,955.00
4	Temporary LPN Holiday Rate	56	\$77.87	\$4,360.72
5	Temporary HSA Regular Hours	700	\$29.86	\$20,902.00
6	Temporary HSA Holiday Rate	56	\$44.79	\$2,508.24
7	Temporary RN Overtime Rate (RN)	24	\$94.38	\$2,265.12
8	Temporary LPN Overtime Rate (LPN)	24	\$77.87	\$1,868.88
9	Temporary HSA Overtime Rate	24	\$44.79	\$1,074.96
Failure to use this form may result in disqualification				\$80,076.04



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: 1397508			Reason for Modification:
Doc Description: Open End Purchase For Contract Temporary RN, LPN, HSA			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-20	2024-04-04 13:30	CRFQ 0618 BVH2400000002	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: *SS*

Vendor Name: *Manpower of WV*

Address: *528 5th Avenue*

Street: *Huntington*

City:

State: *WV* Country: *USA* Zip: *25701*

Principal Contact: *ZACH Treister*

Vendor Contact Phone: *304.757.9589* Extension:

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