



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 2

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Procurement Folder: 1453543

SO Doc Code: CRFQ

Procurement Type: Statewide MA (Open End)

SO Dept: 0212

Vendor ID: VS0000024568

SO Doc ID: SWC2400000006

Legal Name: We Staff Better, LLC

Published Date: 7/11/24

Alias/DBA:

Close Date: 7/16/24

Total Bid: \$0.00

Close Time: 13:30

Response Date: 07/15/2024

Status: Closed

Response Time: 17:19

Solicitation Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES

Responded By User ID: WSBetter01

Total of Header Attachments: 2

First Name: Lori

Total of All Attachments: 2

Last Name: Shultz

Email: westaffbetter@gmail.com

Phone: 3044897272



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: 1453543
Solicitation Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES
Proc Type: Statewide MA (Open End)

Solicitation Closes	Solicitation Response	Version
2024-07-16 13:30	SR 0212 ESR07152400000000358	1

VENDOR
VS0000024568
We Staff Better, LLC

Solicitation Number: CRFQ 0212 SWC2400000006
Total Bid: 0
Response Date: 2024-07-15
Response Time: 17:19:11
Comments:

FOR INFORMATION CONTACT THE BUYER
Mark A Atkins
(304) 558-2307
mark.a.atkins@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	TEMPORARY EMPLOYEE STAFFING SERVICES	0.00000	HOUR	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
80111600			

Commodity Line Comments:

Extended Description:

TEMPORARY EMPLOYEE STAFFING SERVICES:
 Note: Vendor must use Exhibit_A Pricing Page(s) for bid pricing and submit with bid.
 If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line and attach the pricing page to their bid.

STATEWIDE COVERAGE:

Each Job Classification submitted will
be required for vendor to provide in all 55
counties throughout the State of West Virginia.

REQUEST FOR QUOTATION

CRFQ SWC2400000006

(CMA TEMP24)

Temporary Staffing Services

EXHIBIT_A

Classification	Worker Pay Rate	Withholding Rate	Overhead Rate	Total Rate*
Accounting Technician 2	\$ 11.55	\$ 1.58	\$ 1.89	\$ 15.02
Administrative Services Assistant 1	\$ 12.16	\$ 1.58	\$ 2.06	\$ 15.80
Administrative Services Assistant 2	\$ 12.66	\$ 1.58	\$ 2.20	\$ 16.44
Cook	\$ 10.30	\$ 1.58	\$ 1.51	\$ 13.39
Custodian	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Data Entry Operator2	\$ 12.66	\$ 1.58	\$ 2.06	\$ 16.30
Executive Secretary	\$ 15.55	\$ 1.58	\$ 3.09	\$ 20.22
Groundskeeper	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Health Service Worker	\$ 10.75	\$ 1.58	\$ 1.65	\$ 13.98
Laboratroy Assistant 3	\$ 10.75	\$ 1.58	\$ 1.65	\$ 13.98
Laborer	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Mail Runner	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Office Assistant 2	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Office Assistant 3	\$ 10.75	\$ 1.58	\$ 1.65	\$ 13.98
Paralegal	\$ 12.66	\$ 1.58	\$ 2.06	\$ 16.30
Parking Attendant	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75
Word Processor	\$ 10.50	\$ 1.58	\$ 1.67	\$ 13.75

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: _____ WE STAFF BETTER, LLC (a WV Company) Contact Person: _____ LORI SHULTZ Phone #: _____ 304.489.7272 Fax #: _____ Email: _____ WESTAFFBETTER@GMAIL.COM Signature: _____	Date: 07/15/2024
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WESTAFF-01

AWORSTELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Schwendeman Agency, Inc. 109 Putnam Street Marietta, OH 45750	CONTACT NAME: Angela Worstell	
	PHONE (A/C, No, Ext): (740) 373-6793 FAX (A/C, No): (740) 376-2979	
	E-MAIL ADDRESS: a.worstell@schwendeman.com	
INSURED We Staff Better LLC 58 Fox Run Drive, Suite 3 Mineral Wells, WV 26150	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Ins. Companies	18058
	INSURER B: Liberty Mutual	24732
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2654920	2/7/2024	2/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2654920	2/7/2024	2/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB900413	2/7/2024	2/7/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC5-39S-749320-013	5/30/2023	5/30/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Prof Liability			PHPK2654920	2/7/2024	2/7/2025	Prof Liability \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE