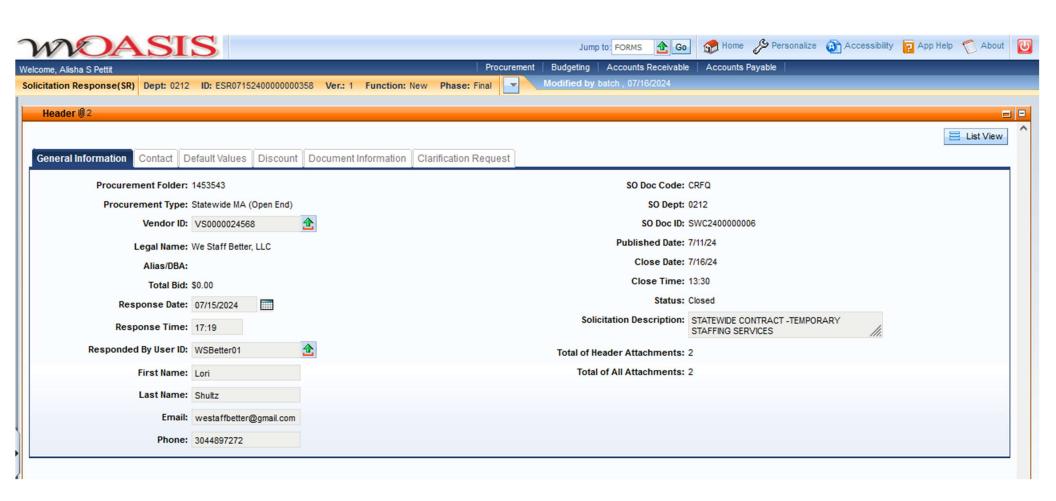
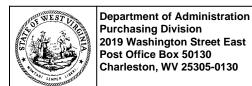


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





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

nature X FEIN# DATE

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

 Date Printed:
 Jul 17, 2024
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

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.

FORM ID: WV-PRC-SR-001 2020/05 Date Printed: Jul 17, 2024 Page: 2

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

Classification	Wor	ker Pay Rate	With	holding Rate	C	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 \$ 1		10.50	\$	1.58	\$	1.67	\$	13.75
Vendor should enter their Worker Rate +		Iding Rate + Ove			otal F	Rate box will auto	oma	cically calculate.
Contact Person: LORI SH		RI SHULTZ						
hone #:_ 304.489.7272								
Fax #:								
Email: WESTAFF	FBETTER	@GMAIL.COM						
Signature:						Date:		07/15/2024





CERTIFICATE OF LIABILITY INSURANCE

AWORSTELL

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). CONTACT Angela Worstell Schwendeman Agency, Inc. 109 Putnam Street Marietta, OH 45750 PHONE (A/C, No, Ext): (740) 373-6793 FAX (A/C, No): (740) 376-2979 E-MAIL ADDRESS: a.worstell@schwendeman.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Ins. Companies 18058 INSURED INSURER B : Liberty Mutual 24732 We Staff Better LLC INSURER C: 58 Fox Run Drive, Suite 3 INSURER D : Mineral Wells, WV 26150 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 ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR PHPK2654920 100,000 2/7/2024 2/7/2025 PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER 3,000,000 GENERAL AGGREGATE PRO-JECT POLICY 3,000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO PHPK2654920 2/7/2024 2/7/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED X BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY X X OCCUR UMBRELLA LIAB 2,000,000 EACH OCCURRENCE PHUB900413 EXCESS LIAB 2/7/2024 CLAIMS-MADE 2/7/2025 2,000,000 AGGREGATE 10,000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE WC5-39S-749320-013 5/30/2023 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 5/30/2024 100,000 E.L. EACH ACCIDENT NIA 100,000 E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT Prof Liability PHPK2654920 2/7/2025 2/7/2024 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Evidence of Coverage AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Imada Weptell