

304-558-3970



109 Tolley Drive, Bridgeport, WV  
P.O. Box 4070  
Clarksburg, WV 26302  
Phone (304) 623-5777  
Fax (304) 623-6044  
Website: [www.usnursingnetwork.com](http://www.usnursingnetwork.com)

June 15, 2009

State of West Virginia  
Department of Administration  
Purchasing Division  
Attention: John Abbott  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

Dear Mr. Abbott,

Please accept the enclosed Request for Quotation #VNF09C012 to provide temporary nurse staffing for the West Virginia Veterans Nursing Facility in Clarksburg, West Virginia. Our agency has successfully provided this service to the facility since September 2007 and we hope to continue providing services over the next several years.

As required, U.S. Nursing Network, Inc. is a registered vendor with the Purchasing Division and does maintain an alcohol & drug free workplace policy. All applicable HIPPA laws are enforced and our agency does carry appropriate coverage limits of professional & general liability insurance. Our proposed hourly rates are inclusive of all federal, state, and local withholding taxes, social security and Medicare taxes, as well as all unemployment compensation, workers compensation, as well as all costs associated with recruitment and hiring staff.

U.S. Nursing Network, Inc. has maintained corporate operations in West Virginia for the past 6 years, since 2003, and well over 75% of the staff working for U.S. Nursing Network are residents of West Virginia.

I do hope that you find our quote to be acceptable and that U.S. Nursing Network is provided the opportunity to continue providing nursing services to the West Virginia Veterans Nursing Facility in Clarksburg over the upcoming year. Should you have questions or need additional information related to the enclosed Request for Quotation, please feel free to contact me at (304) 623-5777.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Arbonaise".

Jennifer Arbonaise  
MPA, CHA, BA, LPN  
President and CEO

RECEIVED

2009 JUN 16 A 10: 29

PURCHASING DIVISION  
STATE OF WV

Enclosure (1)



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
VNF09C012

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
JOHN ABBOTT 304-558-2544

\*928113329 304-623-5777  
 US NURSING NETWORK INC  
 PO BOX 4070  
 CLARKSBURG WV 26302

DIVISION OF VETERANS AFFAIRS  
 VETERANS NURSING FACILITY  
 ONE FREEDOMS WAY  
 CLARKSBURG, WV 26301 304-627-2415

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/03/2009				

BID OPENING DATE: 06/16/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		964-65		
<p>NURSE PERSONNEL</p> <p>OPEN-END CONTRACT TO PROVIDE TEMPORARY NURSE STAFFING FOR THE WEST VIRGINIA VETERANS NURSING FACILITY, CLARKSBURG, WV, PER THE ATTACHED SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON JULY 1, 2009, AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jennifer Arleson</i>	TELEPHONE 304 623 5777	DATE 06/11/2009
TITLE <i>President</i>	FEIN 56 224 9504	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS  
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the **West Virginia Code** and the **Legislative Rules** of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the **West Virginia Code**.
8. Vendor preference will be granted upon written request in accordance with the **West Virginia Code**.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the **Legislative Rules** of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

### Request for Quotation

RFQ NUMBER  
**VNF09C012**

PAGE  
**2**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**JOHN ABBOTT**  
**304-558-2544**

VENDOR

\*928113329      304-623-5777  
 US NURSING NETWORK INC  
 PO BOX 4070  
 CLARKSBURG WV 26302

SHIP TO

DIVISION OF VETERANS AFFAIRS  
 VETERANS NURSING FACILITY  
 ONE FREEDOMS WAY  
 CLARKSBURG, WV  
 26301      304-627-2415

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/03/2009				

BID OPENING DATE: **06/16/2009**      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p><b>CANCELLATION:</b> THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p><b>OPEN MARKET CLAUSE:</b> THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p><b>QUANTITIES:</b> QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p><b>ORDERING PROCEDURE:</b> SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p><b>BANKRUPTCY:</b> IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE <i>Jennifer Ortonaise</i>	TELEPHONE 304 623 5777	DATE 6/11/09
TITLE <i>President</i>	FEIN 56 224 5504	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
**VNF09C012**

PAGE  
**3**

ADDRESS CORRESPONDENCE TO ATTENTION OF  
**JOHN ABBOTT  
 304-558-2544**

FOR OFFICE USE

\*928113329      304-623-5777  
 US NURSING NETWORK INC  
 PO BOX 4070  
  
 CLARKSBURG WV 26302

SHIP TO

DIVISION OF VETERANS AFFAIRS  
 VETERANS NURSING FACILITY  
  
 ONE FREEDOMS WAY  
 CLARKSBURG, WV  
 26301      304-627-2415

DATE PRINTED <b>06/03/2009</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: **06/16/2009**      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION        PURCHASING DIVISION        BUILDING 15        2019 WASHINGTON STREET, EAST        CHARLESTON, WV 25305-0130</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>James H. Carbone</i>	TELEPHONE <b>304 623 5777</b>	DATE <b>6/11/09</b>
TITLE <i>President</i>	FEIN <b>56 224 5304</b>	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

### Request for Quotation

RFQ NUMBER  
**VNF09C012**

PAGE  
**4**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**JOHN ABBOTT**  
**304-558-2544**

VENDOR

**\*928113329 304-623-5777**  
**US NURSING NETWORK INC**  
**PO BOX 4070**  
**CLARKSBURG WV 26302**

SHIP TO

**DIVISION OF VETERANS AFFAIRS**  
**VETERANS NURSING FACILITY**  
**ONE FREEDOMS WAY**  
**CLARKSBURG, WV**  
**26301 304-627-2415**

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
<b>06/03/2009</b>				

BID OPENING DATE: **06/16/2009** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: JOHN ABBOTT-----</p> <p>RFQ. NO.: VNF09C012-----</p> <p>BID OPENING DATE: 06/16/2009-----</p> <p>BID OPENING TIME: 1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>----- <b>304-623-6044</b> -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>----- <b>Jennifer Arbonaise</b> -----</p> <p>***** THIS IS THE END OF RFQ VNF09C012 ***** TOTAL: _____</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jennifer Arbonaise</i>	TELEPHONE <b>304-623-5777</b>	DATE <b>6/11/09</b>
TITLE <b>President</b>	FEIN <b>56 224 5304</b>	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

## TEMPORARY NURSING STAFFING SERVICES

### Purpose:

The purpose of this Request for Quotation (RFQ) is to provide temporary Nursing Staffing Services to the WV Veterans Nursing Facility.

The WV Veterans Nursing Facility is located at One Freedoms Way, Clarksburg, WV 26301. The WV Veterans Nursing Facility is a 120 bed nursing facility for Veterans, with the potential of 20 beds for Special Needs Veterans.

### History:

The facility began operating in November 2007 and has utilized temporary services as needed since opening. The facility is required to provide 24/7 RN coverage. In addition, temporary nursing services are also contingent upon the level of resident acuity of care needs. Use of temporary nursing services is expected to decrease as full time permanent staff is hired.

To provide a clear historical background of nursing services utilized we offer the following:

Month:	Number of Hours Used
November 2007	95.25
December 2007	175.25
January 2008	222.50
February 2008	278.75
March 2008	415.25
April 2008	236.75
May 2008	212.25
June 2008	504.25
July 2008	532.25
August 2008	596.25
September 2008	418.25
October 2008	352.00
November 2008	353.75
December 2008	219.50
January 2009	645.50
February 2009	639.00

March 2009

678.50

Historical data reflects the number of temporary nursing service hours used in the past. The number of hours for this contract may be more or less.

### **Vendor Responsibilities**

Provide hourly rates that are inclusive of all federal, state, and local withholding taxes, social security & Medicare taxes, as well as all unemployment compensation, workers compensation, general and professional liability premiums.

Pricing to include all hiring costs incurred by Vendor, such as background checks and drug screening.

Vendor will provide fully licensed and qualified healthcare professionals to accommodate Agency needs.

Vendor shall provide healthcare staffing as requested by Agency on a day-to-day or week-to-week basis. Assignments also may be made for a specified period of time as agreed upon in writing.

Vendor will provide timesheets for staff, which will be signed by Agency Nursing Supervisor or Director Of Nursing. A copy of the time sheet will be submitted with invoice.

Vendor shall be responsible for all federal, state, and local withholding taxes, worker's compensation, social security, unemployment, and any other obligation imposed on the Vendor as employer of nursing staff.

Vendor shall carry general liability insurance in the amount of \$1 million per occurrence and \$2 million aggregate coverage and comprehensive professional liability insurance with respect to its business and its employment of staff in the amount of \$1 million per occurrence and \$3 million aggregate coverage. Vendor shall provide Agency with a Certificate of Insurance upon execution of this agreement.

Vendor shall provide Agency with information on each staff according to State & Federal



standards, including application and skills checklist; CPR certification; references; confidentiality agreement; and other reasonably requested documents such as current physical examination, immunization records, negative 9 panel drug screening and licensure confirmation. No nurse providing services under this agreement will have been investigated and substantiated by a Board of Nursing or currently is subject to discharge resulting from an investigation by a Board of Nursing.

Vendor shall provide Agency current negative criminal background check documentation on all individuals to provide services under this agreement. Healthcare Staff will comply with all Agency appearance and demeanor standards. Agency reserves the right to terminate the presence of a nurse at the Agency when it is determined not to be in the best interest of resident care.

Vendor shall ensure the following representations regarding the staff to be provided:

- a. Have required training and education
- b. Possess a current valid professional license/certification in West Virginia
- c. Carry an original current CPR card
- d. Have proof of recent clinical experience in nursing home care
- e. Meet current Agency immunization requirements

#### **Duties and Responsibilities of Agency**

- A. Agency will notify Vendor of the number and specialty of staff needed for a shift or an assignment at least five (5) hours prior to the start of the shift or assignment, the date of each such shift or assignment, and the shift to be worked.
- B. Vendor staff shall work under Agency's supervision. Agency shall be solely responsible to provide each staff with day-to-day guidance in the execution of staff's professional responsibilities at the Agency.
- C. If the Agency shall cancel any shift, it shall notify the Vendor of such cancellation no less than six (6) hours prior to the scheduled start of the shift.

- D. The Agency shall provide safe and reasonable parking to all Vendor staff working at the Agency.
- E. The Agency will not allow any nurse who was dismissed for disciplinary or performance reasons by the WV Veterans Nursing Facility to return and work through a staffing agency.
- F. The Agency warrants that it has implemented a blood-borne pathogen exposure control plan that meets the requirements of OSHA rule 29CFR; Part 191.1030 and that all staff is subject to the program. The Agency shall provide staff with protective clothing and safety materials when blood-borne pathogens exist. Agency shall notify the Vendor of any exposure by the Vendor's staff to a blood-borne pathogen. Vendor shall provide for post-exposure medical evaluation and follow-up.

#### **Life of Contract**

This contract becomes effective upon award of contract and extends for a period of one (1) year or until such "reasonable time" thereafter as is necessary to obtain a new contract or renew the original contract. The "reasonable time" period shall not exceed twelve (12) months. During this "reasonable time" the vendor may terminate this contract for any reason upon giving the Director of Purchasing thirty (30) days written notice.

#### **Renewal of Contract**

This contract may be renewed upon the mutual written consent of the Agency/spending unit and the vendor submitted to the Director of Purchasing thirty (30) days prior to the expiration date. Such renewal shall be in accordance with the terms and conditions of the original contract and shall be limited to two (2) one (1) year periods.

#### **Invoices and Payments**

The vendor shall submit monthly invoices, in arrears, on a monthly basis, to the Business Office at the WV Veterans Nursing Facility for all services provided pursuant to the terms of the

contract. For tracking purposes only, the Vendor will provide the Agency a monthly spreadsheet to complete hours worked. These spreadsheets are collected monthly by the Business Office. The Agency reserves the right to reject any or all invoices for which proper documentation has not been provided. The vendor will be notified within ten (10) working days of any invoice deficiencies.

State law forbids payment of invoices prior to receipt of services.

**Registered Nurse Shifts**

7AM – 3PM (Weekdays Monday-Friday)

40 hours x \$ 37.00 = \$ 1480.<sup>00</sup> (Extended total)

3PM – 11PM (Weekdays Monday-Friday)

40 hours x \$ 37.50 = \$ 1500.<sup>00</sup> (Extended total)

11PM – 7AM (Weekdays Monday-Friday)

40 hours x \$ 38.50 = \$ 1540.<sup>00</sup> (Extended total)

11PM Friday to 7AM Monday (Weekend Shifts)

40 hours x \$ 39.50 = \$ 1580.<sup>00</sup> (Extended total)

Holiday Shifts starting the night before at 11PM

40 hours x \$ 51.50 = \$ 2060.<sup>00</sup> (Extended total)**Licensed Practical Nurse Shifts**

7AM – 3PM (Weekdays Monday-Friday)

40 hours x \$ 29.<sup>00</sup> = \$ 1160.<sup>00</sup> (Extended total)

3PM – 11PM (Weekdays Monday-Friday)

40 hours x \$ 29.<sup>50</sup> = \$ 1180.<sup>00</sup> (Extended total)

11PM – 7AM (Weekdays Monday-Friday)

40 hours x \$ 30.<sup>50</sup> = \$ 1220.<sup>00</sup> (Extended total)

11PM Friday to 7AM Monday (Weekend Shifts)

40 hours x \$ 32.<sup>50</sup> = \$ 1300.<sup>00</sup> (Extended total)

Holiday Shifts starting the night before at 11PM

40 hours x \$ 44.<sup>50</sup> = \$ 1780.<sup>00</sup> (Extended total)

**Certified Nursing Assistant Shifts**

7AM – 3PM (Weekdays Monday-Friday)

40 hours x \$ 18.50 = \$ 740.00 (Extended total)

3PM – 11PM (Weekdays Monday-Friday)

40 hours x \$ 19.00 = \$ 760.00 (Extended total)

11PM – 7AM (Weekdays Monday-Friday)

40 hours x \$ 20.00 = \$ 800.00 (Extended total)

11PM Friday to 7AM Monday (Weekend Shifts)

40 hours x \$ 20.50 = \$ 820.00 (Extended total)

Holiday Shifts starting the night before at 11PM

40 hours x \$ 32.50 = \$ 1300.00 (Extended total)Grand Total : \$ 19,220.00

# VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
- 2. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 3. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4. Application is made for 5% resident vendor preference for the reason checked:  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: U.S. Nursing Network, Inc. Signed: Jeanne Arlonaise  
 Date: 06-10-2009 Title: President

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

STATE OF WEST VIRGINIA  
Purchasing Division**PURCHASING AFFIDAVIT****VENDOR OWING A DEBT TO THE STATE:**

*West Virginia Code* §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:**

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code*. The vendor must make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code* and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the *West Virginia Code* may take place before their work on the public improvement is begun.

**ANTITRUST:**

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

**LICENSING:**

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

**CONFIDENTIALITY:**

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

Under penalty of law for false swearing (*West Virginia Code* §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

Vendor's Name: U.S. Nursing Network, Inc.  
Authorized Signature: Jennifer Ordonase Date: 06-10-2009

# State of West Virginia



## Certificate

I, *Betty Ireland*, Secretary of State of West Virginia, hereby

certify that

### U.S. NURSING NETWORK, INC.

a corporation formed under the laws of North Carolina filed an application to be registered as a foreign corporation in the State of West Virginia. This application was found to conform to law and a Certificate of Authority was issued by the West Virginia Secretary of State on May 11, 2001.

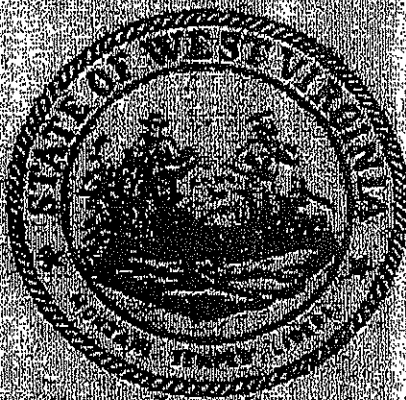
U.S. NURSING NETWORK, INC. is authorized to transact business in West Virginia. A Certificate of Authority was issued by the Secretary of State of West Virginia on May 11, 2001.

I further certify that the corporation has not been revoked by the State of West Virginia or has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

I further certify that the corporation has not been revoked by the State of West Virginia or has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

Accordingly, I hereby issue this

## CERTIFICATE OF AUTHORIZATION



Given under my hand and the Great Seal of the State of West Virginia on this day of November 18, 2006

Secretary of State



2008

WEST VIRGINIA  
STATE TAX DEPARTMENT

2010

BUSINESS REGISTRATION  
CERTIFICATE

ISSUED TO:  
U S NURSING NETWORK INC  
109 TOLLEY DRIVE  
BRIDGEPORT, WV 26330

BUSINESS REGISTRATION ACCOUNT NUMBER: 1048-8810

This certificate is issued for the registration period beginning: July 1, 2008  
This certificate is valid until: June 30, 2010

*This business registration certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12 of  
the West Virginia Code.*

*The person or organization identified on this  
to conduct business in the State of West Virginia  
certificate is registered  
at the location above.*

*This certificate is not transferable and must be displayed  
at the location for which issued.  
ENGAGING IN BUSINESS WITHOUT CONSPICUOUSLY POSTING  
THIS REGISTRATION CERTIFICATE IN THE PLACE OF BUSINESS  
IS A CRIME AND MAY SUBJECT YOU  
TO FINES PER W. VA. CODE § 11-8.*

*TRAVELING STREET VENDORS, MUST carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER LOGGING  
OPERATIONS: Must have a copy of  
this certificate displayed at every job site within West Virginia.*

01/07 v.07  
12020198328

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP-ID JC  
UBNR-1

DATE (MM/DD/YYYY)  
03/25/09

**PRODUCER**  
Dyer Insurance Agency  
347 Washington Avenue  
PO Box 607  
Clarksburg WV 26302-0607  
P: 304-624-5584 Fax: 304-622-4736

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
  
U.S. Nursing Network  
Jennifer Aronaise  
109 Tolley Drive  
Bridgeport WV 26330

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Omega State Insurance Co.	
INSURER B: West Virginia Union Fire Ins. Co.	
INSURER C: BrickStreet Insurance	
INSURER D: Argonaut Insurance Co.	
INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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, CONDITIONS AND EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	LX9199975-1	04/01/09	03/01/10	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADW INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000				
A A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LX9199975-1	04/01/09	03/01/10	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000
	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC10016130-06 WC47729830106	01/01/09 04/01/09	03/01/10 03/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
	OTHER				EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liab.	HEA6915127 (10)	04/01/09	04/01/10	Aggregate 3,000,000 Each Act 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Argonaut Insurance Company provides coverage in Maryland and North Carolina. BrickStreet Insurance is West Virginia.

## CERTIFICATE HOLDER

**WV VETER**  
  
WV Veterans Nursing Facility  
ATTN: Susan Krafft  
1 Freedom Way  
Clarksburg WV 26301

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Sheila K. Mars*