



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

FACSIMILE COVER SHEET

Date: <u>09/01/2011</u>	From: <u>Jennifer Arbonaise, MPA, LPN</u>
To: <u>Tara Lyle</u>	Phone: <u>304-623-5777</u>
Company: <u>WV Purchasing Division</u>	Fax: <u>304-623-6044</u>
Fax #: <u>304-558-4115</u>	Pages: <u>23 (including cover)</u>
Subject: <u>RFQ - VNF1015</u>	

Message:

Hello Tara,

Please accept the Request for Quotation for VNF1015. I will be sending the originals via Federal Express this afternoon for Friday delivery, September 2, 2011.

As per the instructions, the outside of the bid is to have the following information:

BUYER: TL/32

RFQ NO.: VNF1015

BID OPENING DATE: 09/01/2011 (ORIGINALLY 08/25/2011)

BID OPENING TIME: 1:30PM

Thanks very much!
Sincerely,
Jennifer Arbonaise

RECEIVED
SEP 1 P 1:27
PURCHASING DIVISION

RECEIVED

Date: 8/23/2011 3:00 PM
From: Lyle, Tara L
To: 'Jennifer Cherubino' <jennifer@usnursingnetwork.com>
Subject: RE: NEW CONTRACT BID

Jennifer,

You may fax your bid to 304-558-3970. We do not accept emailed bids.

Please note, if you are faxing your bid, all of the pages have to be received by 1:30 pm. You have 2 days to get the original bid here.

Thanks,
Tara

From: Jennifer Cherubino [mailto:jennifer@usnursingnetwork.com]
Sent: Tuesday, August 23, 2011 2:58 PM
To: Lyle, Tara L
Cc: jennifer@usnursingnetwork.com
Subject: RE: NEW CONTRACT BID

Hi Tara,
Thank you very much for sending the attached information.

I will go back through what we have prepared for submission and be sure that everything is in order based on the responses to our questions.

We will be sending the RFQ via Fed Ex tomorrow for Thursday morning delivery. Is it possible to also email or fax a copy tomorrow before we Fed Ex the originals?

Thanks very much,

Jennifer Arbonaso
MPA, CHA, BA, LPN
President & CEO
U.S. Nursing Network, Inc.
109 Tolley Drive
Bridgeport, WV 26330
PA 304-623-5777
Fax 304-623-6044



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

Request for Quotation

HFO NUMBER
 VNF1015

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF
 TARA LYLE
 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	FOB	FREIGHT TERMS
07/27/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		964-55		
<p>***** PLEASE NOTE: THERE IS AN OPTIONAL PRE-BID MEETING SCHEDULED FOR 08/03/2011 AT 1:00 PM AT THE WV VETERANS NURSING FACILITY LOCATED AT ONE FREEDOMS WAY CLARKSBURG, WV 26301. *****</p> <p>NURSE PERSONNEL</p> <p>OPEN-END CONTRACT</p> <p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV VETERANS NURSING FACILITY, IS SOLICITING BIDS TO PROVIDE NURSE STAFFING AT THE WV VETERANS NURSING FACILITY IN CLARKSBURG, WV PER THE ATTACHED SPECIFICATIONS.</p> <p>OPTIONAL PRE-BID MEETING: AN OPTIONAL PRE-BID MEETING IS SCHEDULED FOR 08/03/2011 AT 1:00 PM AT THE WV VETERANS NURSING FACILITY LOCATED AT ONE FREEDOMS WAY CLARKSBURG, WV 26301.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Gianni Ardonase</i>	TELEPHONE 304-623-5777	DATE 08/20/2011
TITLE President	FEIN 56 224 5504	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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **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.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and 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.
14. **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>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

Rev. 12/15/09



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
 VNF1015

PAGE
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF
 TARA LYLE
 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	FOB	FREIGHT TERMS
07/27/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>INQUIRIES:</p> <p>WRITTEN QUESTIONS WILL BE ACCEPTED UNTIL CLOSE OF BUSINESS ON 08/10/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>TARA LYLE DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305</p> <p>FAX: 304-558-4115 EMAIL: TARA.L.LYLE@WV.GOV</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Tara Lyle* TELEPHONE: 304-623-5777 DATE: 08/20/2011
 TITLE: President 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
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07/27/2011				
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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> <p>CANCELLATION: 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>OPEN MARKET CLAUSE: 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>QUANTITIES: 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>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jennifer Orleans</i>	TELEPHONE 304-623-5777	DATE 08/20/2011
TITLE <i>President</i>	FED 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
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 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 VNF1015

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ADDRESS CORRESPONDENCE TO ATTENTION OF
 TARA LYLE
 304-558-2544

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

DIVISION OF VETERANS AFFAIRS
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07/27/2011				
BID OPENING DATE: 08/25/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>BANKRUPTCY: 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> <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>WORKERS' COMPENSATION: VENDOR IS REQUIRED TO PROVIDE A CERTIFICATE FROM WORKERS' COMPENSATION IF SUCCESSFUL.</p> <p>ALL OF THE ITEMS CHECKED BELOW WILL BE A REQUIREMENT OF THIS CONTRACT:</p> <p>(XX) INSURANCE: SUCCESSFUL VENDOR SHALL FURNISH PROOF OF COMMERCIAL GENERAL LIABILITY INSURANCE PRIOR TO ISSUANCE OF CONTRACT. UNLESS OTHERWISE SPECIFIED IN THE BID DOCUMENTS, THE MINIMUM AMOUNT OF INSURANCE COVERAGE REQUIRED PER THE SPECIFICATIONS. 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Geneva Orleans* TELEPHONE: 304-623-5777 DATE: 08/20/2011
 TITLE: President 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:
VNF1015

PAGE:
5

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
804-558-2544

POSTER

*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	FOB	FREIGHT TERMS
07/27/2011				
BID OPENING DATE: 08/25/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>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>Jennifer Carbone</i>	TELEPHONE 304-623-5777	DATE 08/20/2011
TITLE <i>President</i>	FEN 56224 5504	ADDRESS CHANGES TO BE NOTED ABOVE

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



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Request for Quotation

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 VNF1015

PAGE
 6

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 TARA LYLE
 304-558-2544

PROPERTY OF

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

SHIP TO

DIVISION OF VETERANS AFFAIRS
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07/27/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID						
BUYER: ----- TL/32 ----- RFQ. NO.: ----- VNF1015 ----- BID OPENING DATE: ----- 08/25/2011 ----- BID OPENING TIME: ----- 1:30 PM -----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: ----- 304-623-6044 -----						
CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Jennifer ARBONAISE -----						
***** THIS IS THE END OF RFQ VNF1015 *****						TOTAL: <u>12,772,638</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jennifer Arbonaise</i>	TELEPHONE 304-623-5777	DATE 08/20/2011
TITLE President	FEIN 56 224 5504	ADDRESS CHANGES TO BE NOTED ABOVE

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

VNF1015

Nurse Staffing Services

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

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 the 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 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 the Agency with information on each staff according to state and federal standards, including application and skills checklist; CPR certification; references; confidentiality agreement; and other requested documents such as current physical examination, immunization records, negative 9 panel drug screening and licensure conformation. 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. Posses 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 responsible 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.
- G. If Agency requests an LPN but the Vendor provides a Registered Nurse to cover the request, the agency will pay the LPN rate.

Invoices and payments:

The vendor shall submit monthly invoices, in arrears, on a monthly basis, to the Business Office at the West Virginia 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.

Contract Award:

This will be an open-end contract. Quantities listed are estimates only. Actual amounts will vary depending on the needs of the facility whether those needs are greater or less than the quantities listed. Unit price shall remain firm for the life of the contract.

The contract will be awarded to one vendor with the lowest grand total meeting all of the specifications with the most complete bid.

VNF1015 Nurse Staffing Services Bid Form

Item No.	Description of Services	Est. Qty.	Unit Price	Extended Price
	Registered Nurse Shifts			
1	7am - 3pm (Weekdays Monday - Friday)	500		
2	3pm - 11pm (Weekdays Monday - Friday)	500		
3	11pm - 7am (Weekdays Monday - Friday)	812		
4	11pm - Friday to 7am Monday (week-end shifts)	488		
5	Holiday shifts starting the night before at 11pm *	488		
	Licensed Practical Nurse Shifts **			
6	6:30am - 6:30pm (weekdays Monday - Friday)	14,700		
7	6:30pm - 6:30am (weekdays Monday - Friday)	14,700		
8	6:30pm - 6:30am (Weekdays Monday - Friday)	24,800		
9	6:30pm - Friday to 6:30am Monday (Week-end shifts)	24,800		
10	Holiday shifts starting the night before at 11pm *	432		
	Certified Nursing Assistant Shifts			
11	7am - 3pm (Weekdays Monday - Friday)	2520		
12	3pm - 7pm (Weekdays Monday - Friday)	480		
13	11pm - 7am (weekdays Monday - Friday)	2016		
14	11pm Friday to 7am Monday (Week-end shifts)	480		
15	Holiday shifts starting the night before at 11pm *	480		

GRAND TOTAL:

Vendor Name: U.S. Nursing Network, Inc.
 Contact Name: Jennifer Arkonose
 Address: P.O. Box 4070
Clarksburg WV 26302
 Phone No.: 304-623-5777
 Fax No.: 304-623-6044

* Holiday Shifts Include: Christmas, Thanksgiving and New Year's only - the shift starts at 11:00 pm the night before and ends the next day at 11:00 pm.

** LPNs must be a 12-hour shift

RFQ No. VN R1015

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

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.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: US Nursing Network Inc

Authorized Signature: [Signature] Date: 08/31/2011

State of West Virginia

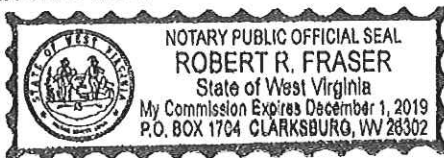
County of Harrison, to-wit:

Taken, subscribed, and sworn to before me this 31st day of August, 2011.

My Commission expires 12-01, 2019.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



Purchasing Affidavit (Revised 12/15/09)

State of West Virginia **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: Jennifer Arbonause Signed: Jennifer Arbonause
Date: 08/20/2011 Title: President

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



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: VNF1015

PAGE: 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 TARA LYLE
 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
08/12/2011				

BID OPENING DATE: 08/25/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. QUESTIONS AND ANSWERS ARE ATTACHED.		
				2. OPTIONAL PRE-BID SIGN-IN SHEET ATTACHED.		
				3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				END OF ADDENDUM NO. 1		
0001	1	LS		964-55		
				NURSE PERSONNEL		
***** THIS IS THE END OF RFQ VNF1015 ***** TOTAL:						\$2,772,638

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jeffrey W. Orleans</i>	TELEPHONE 304-623-5777	DATE 08/20/2011
TITLE President	FEIN 56-224 5504	ADDRESS CHANGES TO BE NOTED ABOVE

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

Questions from Pre-Bid VNF 1015

1. What background checks need to be completed?
Answer: CIB, state, federal
2. What immunization records are needed?
Answer: TB and Hepatitis B is all that is needed
3. Is the confidentiality agreement provided by the vendor or the facility?
Answer: It is provided by the vendor.
4. What is the required training?
Answer: Degree and continuing education provided by the vendor to maintain their respective licensing boards
5. Does the facility have a specific skills check list that needs to be utilized?
Answer: No
6. Will the vendor be considered not following the contract if they do not have a five (5) hour notice for coverage? Or should it be changed to a different time?
Answer: No
7. Cancellation of a shift. Do we expect it to happen in the future?
Answer: No
8. Is the rate of pay for RNs if an LPN is requested negotiable?
Answer: No, agency will request the type of staff needed and vendor is to supply the request.
9. Can invoices be turned in the facility weekly instead of monthly?
Answer: yes
10. Does the facility need a detailed or summary of shifts worked?
Answer: The vendor can send a spreadsheet that shows position and hours worked.
11. Does the vendor have to meet all specifications?
Answer: Yes
12. On the LPN twelve (12) hour shifts. Does 6:15 – 6:45 minus lunch work?
Answer: no – It needs to be 6:30 – 6:30

13. Should the RN shifts be twelve (12) hours also?

Answer: No

14. Is the holidays listed negotiable?

Answer: No

SIGN IN SHEET

Request for Proposal No. VNF1015

PLEASE PRINT

Date: 8/3/11 Page 1 of 1

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

TELEPHONE & FAX NUMBERS

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	PHONE	TOLL FREE	FAX
Company: U.S. Nursing Network, Inc	P.O. Box 4070	304-623-5777		
Rep: Jennifer Arborese	Clarksburg WV 26302	866-644-4484		
Email Address: jennifer@usnursingnetwork.com		304-623-6044		
Company: U.S. Nursing Network, Inc	P.O. Box 4070	304-623-5777		
Rep: Raynette Daniels	Clarksburg WV 26302	866-644-4484		
Email Address: rdaniels@usnursingnetwork.com		304-623-6044		
Company: US Nursing Network, Inc	P.O. Box 1704	866-623-6624		
Rep: Bob Fraser	Clarksburg WV 26302			
Email Address: BRF@C.AOL.COM		304-623-6626		
Company: WV Veterans Nursing Facility	One Freedom Way	304-626-1600		
Rep: Sherril Reed	Clarksburg WV 26301			
Email Address:		304-626-1609		
Company: WV Veterans Nursing Facility	One Freedom Way	304-626-1600		
Rep: Katherine N. Hoss	Clarksburg WV 26301			
Email Address: Katherine.n.hoss@wv.gov				
	WV Veterans Nursing Facility	304-626-1600		
	Tom McVay	304-626-1605		
	THOMAS G. McVAY@WV.GOV			

EXHIBIT 10

REQUISITION NO.: VNF1015

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

NO. 1 ✓

NO. 2

NO. 3

NO. 4

NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY UNDERSTAND 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.

Jennifer Arlisonaise
SIGNATURE

U.S. Nursing Network, Inc.
COMPANY

08/20/2011
DATE

REV. 11/96



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
 VNF1015

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 TARA LYLE
 304-558-2544

VENDOR

*928113329 304-623-5777
 US NURSING NETWORK INC
 PO BOX 4070
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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
08/24/2011				

BID OPENING DATE: 09/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. TO MOVE THE BID OPENING DATE FROM 08/25/2011 TO 09/01/2011.						
2. REVISED BID FORM ATTACHED.						
3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 2						
0001	1	LS		964-55		
NURSE PERSONNEL						
***** THIS IS THE END OF RFQ VNF1015 *****						TOTAL: \$2,772,638

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Genevieve Orleanski</i>	TELEPHONE 304-623-5777	DATE 08/30/2011
TITLE <i>President</i>	FEIN 502245304	ADDRESS CHANGES TO BE NOTED ABOVE

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

VNF1015 Nurse Staffing Services Bid Form

Item No.	Description of Services	Est. Qty.	Unit Price	Extended Price
	Registered Nurse Shifts			
1	7am - 3pm (Weekdays Monday - Friday)	500	44.00	\$ 22,000
2	3pm - 11pm (Weekdays Monday - Friday)	500	44.50	\$ 22,250
3	11pm- 7am (Weekdays Monday - Friday)	812	45.50	\$ 36,946
4	11pm- Friday to 7am Monday (week-end shifts)	488	47.00	\$ 22,936
5	Holiday shifts starting the night before at 11pm *	488	59.00	\$ 28,792
	Licensed Practical Nurse Shifts **			
6	6:30am- 6:30pm (weekdays Monday - Friday)	14,700	38.00	\$ 558,600
7	6:30pm- 6:30am (weekdays Monday - Friday)	24,800	38.00	\$ 942,400
8	6:30pm- Friday to 6:30am Monday (Week-end shifts)	24,800	39.00	\$ 967,200
9	Holiday shifts starting the night before at 11pm *	432	53.50	\$ 23,112
	Certified Nursing Assistant Shifts			
10	7am- 3pm (Weekdays Monday -Friday)	2520	23.00	\$ 57,960
11	3pm- 11 pm (Weekdays Monday - Friday)	480	23.50	\$ 11,280
12	11pm- 7am (weekdays Monday - Friday)	2016	24.50	\$ 49,392
13	11pm Friday to 7am Monday (Week-end shifts)	480	25.50	\$ 12,240
14	Holiday shifts starting the night before at 11pm *	480	36.00	\$ 17,280
GRAND TOTAL:				\$ 2,773,638

Vendor Name: U.S. Nursing Network, Inc.
 Contact Name: Jennifer Arbouse
 Address: P.O. Box 4070
Clarksburg, WV 26302
 Phone No.: 304-623-5177
 Fax No.: 304-623-6044

* Holiday Shifts Include: Christmas, Thanksgiving and New Year's only - the shift starts at 11:00 pm the night before and ends the next day at 11:00 pm.
 ** LPNs must be a 12-hour shift

EXHIBIT 10

REQUISITION NO.: *V.N.F.1015*

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

NO. 1

NO. 2

NO. 3

NO. 4

NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY UNDERSTAND 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.

Jennifer Carnevale
.....
SIGNATURE

U.S. Nursing Network, Inc.
.....
COMPANY

08/30/2011
.....
DATE

REV. 11/96