

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

ERE

Solicitation

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NUMBER

PAGE

VNF1023

ADDRESS CORRESPONDENCE TO ATTENTION OF:

TARA LYLE

304-558-2544 DIVISION OF VETERANS AFFAIRS

VETERANS NURSING FACILITY

ONE FREEDOMS WAY CLARKSBURG, WV 26301

304-627-2415

P.O. Box 577 Tavares, FL 32778

DATE PRINTED

LINE	YTITAAUD	UOP CAT.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS	948-72	84.49	5369,40
	PHARMACEUTI	CAL SERVIC	ES		
		0PI	EN-END CONTRACT		
	THE WEST VI	RGINIA VETI	PROVIDE PHARMACI ERANS NURSING FA HE SPECIFICATION	CILITY,	
	ATTACHMENTS	INCLUDE:			
	2. GENERAL 3. VNF1023	TERMS AND (SPECIFICATI	IONS.	BIDS.	
	5. PURCHASI	NG AFFIDAVI	SIGNATURE PAGE. (T. EFERENCE (RVP) F	DRM.	
	***** THI	S IS THE EN	D OF REQ VNF	023 ***** TOTAL:	
			01 (15 (17 00.0)		
			01/15/13 08:05 West Virsinia	Purchasing Division	
					A.s.
SNATURE /			TELEPHONE	DATE	JAN 1 4 2013

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

REQUEST FOR QUOTATION VNF1023 - Temporary Pharmacy Services

- iv. Failure to remedy deficient performance upon request.
- b. The following remedies shall be available to Agency upon default.
 - i. Cancellation of the Contract.
 - ii. Cancellation of one or more release orders issued under this Contract.
 - iii. Any other remedies available in law or equity.

11. MISCELLANEOUS:

a. Agency Responsibilities:

Agency shall request services not less than 72 hours in advance.

Agency will provide a 24 hour notice of cancellation for services scheduled.

The Agency shall provide safe and reasonable parking to all Vendor staff working at the Agency.

Agency shall provide each Pharmacist with space, equipment and supplies customary or necessary for the Pharmacist to perform services routinely provided by pharmacists in the jurisdiction in which the services are to be provided in accordance with all applicable laws, regulations and ordinances.

b. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: PURITY NOOLO
Telephone Number: 800-UU2-SUU(×7 10)

Fax Number: 800-805-9016

Email Address: PURITYN@ JAYKAYSTAFING, OM

	VNF1023 - WV Veterans Nursing Facility									
	Pricing Page									
tem #	Description	Estimated Monthly Quantity	Hourly Unit Price	Extended Price						
1	Hourly Rate (Monday - Friday)	20 hours \$	84049	s 1689.8						
2	Holiday Hourly Rate	20 hours \$	99.49	s 1989, 80						
3	Weekend Hourly Rate (Saturday and Sunday)	20 hours S	84.49	s 1689,80						
	Failure to use this form may result in disqualification		TOTAL COST:	s 5369.40						
	Bidder / Vendor Information:									
	Name: JAYKAY STAFFING Address: Jay Kay Staffing									
	Address: Jay Kay Staffing									
	2062 Classique Lane Tavares, FL, 32778									
	Phone#: 800 - UU 2 - 5441									
	Email Address: PURITING JRTIC RY	STAFEING.	om.							
	Authorized Signaure:									

[&]quot;Estimated quantities are for bidding purposes only, more or less may be utilized by the agency.

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

JAYKAY ST	AFFING,
(Company)	
P	v
(Authorized Signature)	
Purity Ndolo	, President
(Representative Name, Title)
800-415-2441	\$109-208-008
(Phone Number)	(Fax Number)
JAN 14 2013	
(Date)	

RFQ No. VNF 1023

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

DEFINITIONS:

MITAILE CALL OWING CONTAINE

"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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Gode §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITHESS THE POLLOWING SIGNATURE:	
Vendor's Name: JAYKAY STAFFI	NC
Authorized Signature:	Date: 01/14/13
State of FLORDDA	
County of LAKE, to-wit: H	
Taken, subscribed, and sworn to before me this $\cancel{m{\mu}}$ day of	JANUARY 2013
My Commission expires A (P D C),	
AFFIX SEAL HERE NO	OTARY PUBLIC AND LILL.
SAUMIL R. NIHALANI	Purchasing Affidavit (Revised 07/01/2012)

MY COMMISSION # DD 866787 EXPIRES: April 7, 2013 Bonded Thru Notary Public Underwriters Rev. 07/12

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)
2.	years immediately preceding the date of this certification; or, 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.
7.	Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules. Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
requirer against	understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the ments for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency cted from any unpaid balance on the contract or purchase order.
authorize the requ	nission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and tes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid tired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and ac	penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true curate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate is during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
Bidder:	JAN 14 2013 Signed: PRESIDENT
Date:	JAN 14 2013 Title: PRESIDENT



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VNF1023

ADDRESS CORRESPONDENCE TO ATTENTION OF:

TARA LYLE 3.04-558-2544

DIVISION OF VETERANS AFFAIRS VETERANS NURSING FACILITY

ONE FREEDOMS WAY CLARKSBURG, WV 26301

304-627-2415

RFQ COPY TYPE NAME/ADDRESS HERE NENDOR

DATE PR	RINTED						
01/0' BID OPENING DAT	7/2013						
LINE	QUANTITY	2013 UOP	CAT. No.	ITEM NUMBER	BID-	OPENING TIME 1:	3.0.PM
	SEE ATTACHE	DENDUM PAGES F ADDE	5.	1 NO. 1			
0001	1. PHARMACEUTIC	LS AL SER	1	948-72 3			
	***** THIS	IS TH	E END	OF RFQ	VNF1	023 ***** TOTAL:	5369,40
GNATURE P		2 0 p	a lings Cori	TELEPI	IONE CON	Dr. 43442 S. Mar. DATE	

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JAN 14 2013 ADDRESS CHANGES TO BE NOTED ABOVE

SOLICITATION NUMBER: VNF1023 Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as VNF1023 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[X]	Modify bid opening date and time
[]	Modify specifications of product or service being sought
[X]	Attachment of vendor questions and responses
[]	Attachment of pre-bid sign-in sheet
[]	Correction of error
[]	Other

Description of Modification to Solicitation: To provide vendors questions and responses. To extend the bid opening date.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: VNF1023

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

			ment: I hereby acknowle isions to my proposal, pl	100		of the following addenda and have made the
necess	ary	IEV	isions to my proposat, pr	ans and/c	n st	ecification, etc.
			Numbers Received: ex next to each addendum	ı receive	d)	
	(>	<]	Addendum No. 1	[]	Addendum No. 6
]	Addendum No. 2]	Addendum No. 7
	[1	Addendum No. 3	[]	Addendum No. 8
	[]	Addendum No. 4	1	J	Addendum No. 9
]	Addendum No. 5	[]	Addendum No. 10
further discuss	un sion	ders hel	tand that that any verbal d between Vendor's repi	represen esentativ	tatio ⁄es a	Idenda may be cause for rejection of this bid. I on made or assumed to be made during any oral and any state personnel is not binding. Only the ifications by an official addendum is binding. JAYKAY STA FILMS
						Company
						Q
						Authorized Signature
						JAN 14 2013
						Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012