

REQUEST FOR QUOTE TO PROVIDE

Locum Tenens Various Nursing Services

for

Various Locations in West Virginia

RFQ BHS14022

Due: August 13, 2013
1:30 P.M. Local Time

Original

**ANNASHAE
673 Alpha Drive, Suite C
Cleveland, Ohio 44143**

08/13/13 09:38:28 AM
West Virginia Purchasing Division



annashae
Custom Staffing Connections

August 12, 2013

Department of Administration
Purchasing Division
2019 Washington Street, East
P.O. Box 50130
Charleston, WV 23505-0130

RE: RFQ BHS14022
Due: 8/13/2013 @ 1:30 p.m.

Dear Contract Representative:

Annashae is responding to the above-referenced Request for Quotation to provide Locum Tenens Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants and Health Service Workers at the locations listed in the Specifications on Page 21 of this bid.

Annashae was incorporated in the State of Ohio in 1980 to provide medical staffing services nationwide. Our eVA Number is VS0000030614. We are verified and certified by the U.S. Department of Veterans Affairs as a Service Disabled Veteran Owned Small Business and we are fully accredited by The Joint Commission to provide medical staffing services nationwide. Annashae has certification as a Minority Business Enterprise in Ohio and in Illinois. We have read and understand that because of our MBE status in Ohio we may not be eligible for sWAM certification. We emailed Ms. Roberta Wagner asking if we are able to respond to this bid as an Ohio-based corporation. We were informed by her that anyone who would like to bid on the solicitation may. We would like to be considered for this bid in some capacity if our pricing is found to be in line with budgetary requirements.

We welcome the opportunity to work with you to provide nursing services. If you need further assistance or clarification on our submission, our business contact information is listed below:

Address: 673 Alpha Drive, Suite C
Cleveland, OH 44143
Phone: 440-449-2662
Fax: 440-449-2691
Primary Contact: Shannon Scopano, Operations Coordinator
Same phone and fax number
Email: Sscopano@annashae.com

Thank you.

Respectfully,


Robert Bellamy, CEO for Annashae

Technical Proposal

The Annashae Advantage

Annashae is available 24/7 and can respond quickly and efficiently to address staffing needs. We will liaise with appropriate facility representatives to ensure that contract deliverables are met and that fill rates are maintained at 100%. Our Scheduler will coordinate the schedule for each facility under the direction of facility representatives.

Our recruiting and credentialing methods utilize customized electronic technologies. Our recruiting efforts encompass a combination of posting jobs on various social media sites, position specific accreditation entities and, depending on the position, local colleges and trade schools.

We pre-qualify all of our medical professionals through primary source verification. As a Joint Commission accredited organization, we are mandated to verify licensure, accreditations and certifications before we recommend any candidate. Additionally, during the term of the contract, we must track licensure, certifications and accreditations to ensure that they remain current. For this bid, we will provide customized skills assessments to further ensure that you receive the best candidates.

Annashae will provide qualified healthcare professionals to accommodate facility week to week needs. Prior to contract award Annashae will provide the following:

- Proof of insurance in amounts specified in the bid
- Copies of all licenses/certifications and permits for the RNs, LPNs and CNAs.
 - The RNs and LPNs will possess valid and unencumbered West Virginia licensure.
 - CNAs will possess valid certification as a West Virginia Certified Nurse Assistant.
 - Health Service Worker candidates will have a minimum of one year experience and a working knowledge of the concepts of mental health, health disorders and related physical conditions related to treatment approach. They will have a minimum of a high school diploma or GED.

All candidates will have the requisite qualifications and experience to comply with the specifications in the bid.

Annashae will comply with all vendor responsibilities outlined in 4.2.1 Vendor Responsibilities.

11. VENDOR DEFAULT:

11.1. The following shall be considered a vendor default under this Contract.

11.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

11.1.2. Failure to comply with other specifications and requirements contained herein.

11.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

11.1.4. Failure to remedy deficient performance upon request

11.2. The following remedies shall be available to the Agency upon default.

11.2.1. Cancellation of the Contract.

11.2.2. Cancellation of one or more release orders issued under this Contract.

11.2.3. Any other remedies available in law or equity.

12. MISCELLANEOUS:

12.1. **Contract Manager:** During the 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: Shannon Scopano

Telephone Number: 440-449-2662

Fax Number: 440-449-2691

Email Address: Sscopano@annashae.com

BHS14022 Pricing Page

Item #	Level of Psychiatric Nursing	Estimated # of Hours	Unit Price	Extended Price
#1	Registered Nurse (RN)			
	A. Regular Hours	20,000	\$ 55.00	\$ 1,100,000.00
	B. Overtime Hours	3,000	\$ 82.00	\$ 246,000.00
	C. Holiday Hours	104	\$ 82.00	\$ 8,528.00
#2	Licensed Practical Nurse (LPN)			
	A. Regular Hours	20,000	\$ 38.00	\$ 760,000.00
	B. Overtime Hours	3,000	\$ 57.00	\$ 171,000.00
	C. Holiday Hours	104	\$ 57.00	\$ 5,928.00
#3	Certified Nursing Assistant (CNA)			
	A. Regular Hours	20,000	\$ 25.00	\$ 500,000.00
	B. Overtime Hours	3,000	\$ 38.00	\$ 114,000.00
	C. Holiday Hours	104	\$ 38.00	\$ 3,952.00
#4	Health Services Worker (HSW)			
	A. Regular hours	20,000	\$ 31.00	\$ 620,000.00
	B. Overtime Hours	3,000	\$ 46.00	\$ 138,000.00
	C. Holiday Hours	104	\$ 46.00	\$ 4,784.00
GRAND TOTAL				\$ 3,672,192.00
#5	Permanent Placement Fee:*			
	Registered Nurse		\$	\$ 25,000.00
	Licensed Practical Nurse		\$	\$ 15,000.00

*One time placement fee for each permanently placed employee by the vendor.

NOTE: This one time placement fee is not included in the evaluation for award.

Rates are all inclusive

This is a progressive award contract and the award will be made to the Vendors with the lowest GRAND TOTAL to the highest GRAND TOTAL (respectively) meeting the required mandatory specifications. EXAMPLE: Lowest will be Vendor "A", second lowest will be Vendor "B"... and so on.

Use of this contract will work the same. Agency must contact the lowest bid first and if they cannot provide the agency needs within the time frame allowed in the attached specifications, Agency will then contact the next lowest bidder and so on, until one of the vendors awarded the contract, can cover the immediate needs.

The number of hours is only an estimation to be used for bid, we may require more or less hours than stated above.

Please Print Information Below.

Company Name: Annashae

Sales Representative: Robert Bellamy, CEO for Annashae

Vendor Address: 673-C Alpha Drive, Cleveland, OH 44143

Vendor Phone: (440) 449-2662

Email Address: Rbellamy@annashae.com

Remit to Address: Same as above

Robert Bellamy
SIGNATURE

12 Aug 2013
DATE

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.
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.

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: Annashae
Date: 12 Aug 2013

Signed: *Robert Bellamy*
Title: Chief Executive Officer

RFQ No. BHS14022

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:

"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 exceeds 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. Code §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.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Annashae

Authorized Signature: Robert Bellamy Date: 12 Aug 2013

State of Ohio

County of Cuyahoga, to-wit:

Taken, subscribed, and sworn to before me this 12th day of August, 2013.

My Commission expires July 14th, 2015.

AFFIX SEAL HERE

NOTARY PUBLIC Christy M. Datto

Purchasing Affidavit (Revised 07/01/2012)



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.

Annashae

(Company)

Robert Bellamy

(Authorized Signature)

Robert Bellamy, CEO

(Representative Name, Title)

440-449-2662

(Phone Number)

440-449-2691

(Fax Number)

August 12, 2013

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BHS14022

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.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

annashae
Company

Robert Bellamy
Authorized Signature

12 aug 2013
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.