



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

**Solicitation**

NUMBER  
 BVH442

PAGE  
 1

ADDRESS FOR RESPONSE TO ATTENTION OF  
 DEAN WINGERD  
 304-558-0468

RFQ COPY

TYPE NAME/ADDRESS HERE

Maxim Healthcare Services, Inc.  
 d/b/a Maxim Staffing Solutions  
 7227 Lee Deforest Drive  
 Columbia, MD 21046

VENDOR

WEST VIRGINIA VETERANS HOME  
 512 WATER STREET  
 BARBOURSVILLE, WV  
 25504 736-1027

DATE PRINTED  
 03/11/2014

BID OPENING DATE: 04/08/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOM	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		964-65	\$ 131,438.00	\$ 131,438.00
<p>NURSE STAFFING SERVICES</p> <p>see hourly rates that comprise total above</p> <p>OPEN-END CONTRACT</p> <p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV VETERANS HOME, IS SOLICITING BIDS TO PROVIDE NURSE STAFFING SERVICES, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENTS INCLUDE:</p> <ol style="list-style-type: none"> <li>1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS.</li> <li>2. GENERAL TERMS AND CONDITIONS.</li> <li>3. BVH442 SPECIFICATIONS.</li> <li>4. CERTIFICATION AND SIGNATURE PAGE.</li> <li>5. PURCHASING AFFIDAVIT.</li> <li>6. RESIDENT VENDOR PREFERENCE (RVP) FORM.</li> </ol>						

04/08/14 09:02:22AM  
 West Virginia Purchasing Division

SIGNATURE *[Signature]* TELEPHONE 410-910-2183 DATE April 1, 2014  
 TITLE Regional Controller FEIN 52-1590851 ADDRESS CHANGES TO BE NOTED ABOVE

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

**REQUEST FOR QUOTATION**  
**BVH442 – Direct Care Staffing Services**

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**11. MISCELLANEOUS:**

**11.1 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:** Jason Nicholas  
**Telephone Number:** 814-886-3025  
**Fax Number:** 814-539-0877  
**Email Address:** janichol@maxhealth.com

**BVH442 Direct Care Staffing Services - Pricing Page**

Item No.	Description of Services	Estimated # of		Extended Price
		Hours	Unit Price	
<b>Registered Nurse Shifts</b>				
1	Regular Rate	1,150	47.00	64,060.00
2	Overtime Rate	100	70.60	7,060.00
3	Holiday Rate	100	70.60	7,050.00
<b>Licensed Practical Nurse Shifts</b>				
7	Regular Rate	1,500	38.00	54,000.00
8	Overtime Rate	100	54.00	5,400.00
9	Holiday Rate	72	54.00	3,888.00

**GRAND TOTAL: \$ 131,438.00**

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 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.

Vendor Name: Maxim Healthcare Services, Inc.  
 Contact Name: Jason Nicholas, Regional Director of Business Development  
 Address: 735 Taylor Road, Suite 220  
Celina, OH 43230  
 Phone No.: 614-886-2025  
 Fax No.: 614-539-0877

**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.

Maxim Healthcare Services, Inc.

\_\_\_\_\_  
(Company)

*B Blohm*

\_\_\_\_\_  
(Authorized Signature)

Brian Blohm, Regional Controller

\_\_\_\_\_  
(Representative Name, Title)

410-910-2183

410-910-1515

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

April 1, 2014

\_\_\_\_\_  
(Date)

RFQ No. BVH442

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 § 23-20-2, 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: Maxim Healthcare Services, Inc.

Authorized Signature:  Date: April 1, 2014

State of Maryland

County of Howard, to-wit:

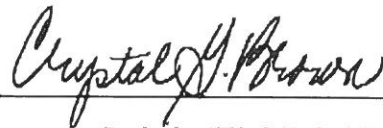
Taken, subscribed, and sworn to before me this 1<sup>st</sup> day of April, 2014.

My Commission expires CRYSTAL G. BROWN, 2014.

**CRYSTAL G. BROWN**  
**NOTARY PUBLIC STATE OF MARYLAND**  
My Commission Expires August 2, 2014

**AFFIX SEAL HERE**

**NOTARY PUBLIC**





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Gahanna, OH 43230  
 Phone No.: 614-986-3025  
 Fax No.: 614-539-0877



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Maxim Healthcare Services, Inc.

\_\_\_\_\_  
(Company)

*B Blohm*

\_\_\_\_\_  
(Authorized Signature)

Brian Blohm, Regional Controller

\_\_\_\_\_  
(Representative Name, Title)

410-910-2183

\_\_\_\_\_  
(Phone Number)

410-910-1515

\_\_\_\_\_  
(Fax Number)

April 1, 2014

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(Date)

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"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.

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Authorized Signature:  Date: April 1, 2014

State of Maryland

County of Howard, to-wit:

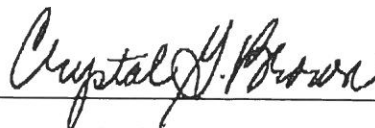
Taken, subscribed, and sworn to before me this 1<sup>st</sup> day of April, 2014.

My Commission expires CRYSTAL G. BROWN, 2014

**NOTARY PUBLIC STATE OF MARYLAND**  
My Commission Expires August 2, 2014

**AFFIX SEAL HERE**

**NOTARY PUBLIC**



Rev. 07/12

29

## 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 3% 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: Not Applicable

Signed: Not Applicable

Date: Not Applicable

Title: Not Applicable