

Supplemental Health CareSM

WORKFORCE SOLUTIONS

Tara Lyle
State of West Virginia
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305

January 2, 2014

Dear Tara Lyle:

Supplemental Health Care respectfully submits the following in response to RFQ Number VNF1033, Nurse Staffing Services.

Supplemental Health Care has been in continuous operation for thirty (30) years providing professional healthcare staffing services. Originating in 1984 within the travel nursing segment, we have expanded our support services over the years to include the placement of thousands of nursing, therapy and imaging, physician and nurse practitioners each day through our extensive 60-branch local office network consisting of both Local Nursing and Local Allied, and four fully-integrated national divisions: Travel Nursing, Travel Allied, Supplemental Physicians and Advanced Practice. Currently, our services are offered to a client base of Acute Care, Ambulatory Surgery Center, Clinics, Corrections, Government, Home Health, Hospice, Rehabilitation Facilities, Schools, Skilled Nursing and VA facilities.

As a current provider of staffing services to the West Virginia Department of Administration, Behavioral Health System, Supplemental Health Care looks forward to continuing the relationship by providing highly skilled and qualified medical professionals to meet the ongoing staffing needs of the Division of Veterans Affairs. As can be seen from our current partnership, Supplemental Health Care is able to consistently provide the highest quality healthcare professionals and respond rapidly to emergency situations. We provide customized client-specific recruiting plans and talent retention strategies to ensure a sufficient supply of qualified healthcare professionals focused on improving your workforce productivity and helping to ensure positive clinical outcomes.

The foundation for our success begins with our distinct set of core values of Integrity, Candor, Accountability, Respect and Excellence that forms the acronym I. C.A.R.E. To Supplemental Health Care employees, these are not just words, but rather guiding principles on how we run our business every day. Furthermore, Supplemental Health Care is a company-wide Joint Commission certified organization, and has established a set of operational standards by which to operate. These values and standards, combined with a Six-Sigma driven commitment to process standardization and operational discipline, has enabled us to rank as one of the largest healthcare staffing firms in the U.S. according to recent Staffing Industry Analysts.

We are proud to be working with the Department of Behavioral Health and look forward to working with the Division of Veterans Affairs. We hope we have highlighted our ability to support your needs while clearly demonstrating our desire to work with the West Virginia Department of Administration. We appreciate your consideration and would welcome the chance to answer any remaining questions you might have. In addition, should you have any questions or need to seek additional information regarding our submittal, please feel free to contact Garrett Jensen at:

A: 2005 Sheridan Drive, Buffalo, NY 14223 P: 716.873.5111

E: NationalRFPs@supplementalhealthcare.com

Thank you for this opportunity and we look forward to hearing from you soon.

Sincerely,



Mike Dunagan
Chief Marketing Officer
Supplemental Health Care
A: 2005 Sheridan Drive, Buffalo, NY 14223
P: 716.873.5111

www.supplementalhealthcare.com
www.supplementalhealthcare.com/blog

12/31/13 09:15:42AM
West Virginia Purchasing Division





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

Solicitation

NUMBER
VNF1033

PAGE
1

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 SHC Services, Inc. dba Supplemental Health Care
 2005 Sheridan Drive
 Buffalo, NY 14223

SHIP TO

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

DATE PRINTED
12/12/2013

BID OPENING DATE: 01/02/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		964-65		
<p>NURSE STAFFING SERVICES</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 SERVICES, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENT INCLUDE:</p> <ol style="list-style-type: none"> 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS. 2. GENERAL TERMS AND CONDITIONS. 3. VNF1033 SPECIFICATIONS. 4. CERTIFICATION AND SIGNATURE PAGE. 5. PURCHASING AFFIDAVIT. 6. RESIDENT VENDOR PREFERENCE (RVP) FORM. <p>***** PLEASE NOTE: THE PRICING PAGE WILL BE ISSUED UNDER SEPARATE ADDENDUM. *****</p>						
Please see attached pricing page for details						

SIGNATURE <i>Mike W Dunagan</i>	TELEPHONE 800.543.9399	DATE 12/30/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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

VNF1033 Nurse Staffing Services - Pricing Page

Item No.	Description of Services	Estimated # of Hours	Unit Price	Extended Price
	Registered Nurse Shifts			
1	Regular Rate	2,500	\$52.00	\$130,000.00
2	Overtime Rate	500	\$52.00	\$26,000.00
3	Holiday Rate	144	\$52.00	\$7,488.00
	Licensed Practical Nurse Shifts			
7	Regular Rate	25,000	\$38.00	\$950,000.00
8	Overtime Rate	520	\$38.00	\$19,760.00
9	Holiday Rate	144	\$38.00	\$5,472.00
	Certified Nursing Assistant Shifts			
13	Regular Rate	2,520	\$20.00	\$50,400.00
14	Overtime Rate	520	\$20.00	\$10,400.00
15	Holiday Rate	144	\$20.00	\$2,880.00

GRAND TOTAL: \$1,202,400.00

This is a progressive award contract and the award will be made to the Vendors with the lowest GRAND TOTALS 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 he 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: SHC Services, Inc. dba Supplemental Health Care
 Contact Name: Garett Jensen
 Address: 2005 Sheridan Drive
Buffalo, NY 14223

 Phone No.: 800.543.9399
 Fax No.: 716.541.9111

000003

9.3 Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

9.4 Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

9.5 Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

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

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

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

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

10.1.4 Failure to remedy deficient performance upon request.

10.2 The following remedies shall be available to Agency upon default.

10.2.1 Cancellation of the Contract.

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

10.2.3 Any other remedies available in law or equity.

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: Kathryn Patchel

Telephone Number: 716.873.5111

Fax Number: 716.541.9111

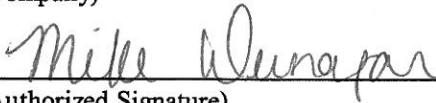
Email Address: NationalRFPs@supplementalhealthcare.com

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.

SHC Services, Inc. dba Supplemental Health Care

(Company)



(Authorized Signature)

Mike Dunagan, Chief Marketing Officer

(Representative Name, Title)

800.543.9399

(Phone Number)

716.541.9111

(Fax Number)

12/30/13

(Date)

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: SHC Services, Inc. dba Supplemental Health Care

Authorized Signature: *Mike Wunger* Date: 12/30/13

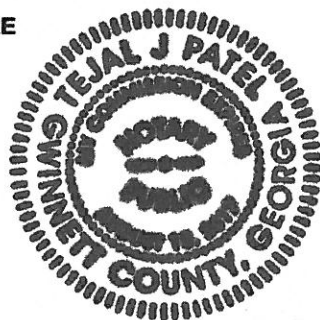
State of Georgia

County of Fulton, to-wit:

Taken, subscribed, and sworn to before me this 30th day of December, 2013.

My Commission expires August 15, 2017.

AFFIX SEAL HERE



NOTARY PUBLIC

Tejal J. Patel

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.

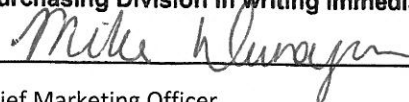
Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to 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: SHC Services, Inc. dba Supplemental Health Care

Signed:



Date: 12/30/13

Title: Chief Marketing Officer



262445

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (206) 892-9200 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 601 Union Street, Suite 1300 Seattle, WA 98101-1371	CONTACT NAME: _____																						
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____																					
E-MAIL ADDRESS: _____																							
INSURED SHC Services, Inc. dba Supplemental Health Care 1640 West Redstone Center Dr., Ste 200 Park City UT 84098		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Homeland Insurance Company of NY</td> <td>34452</td> </tr> <tr> <td>INSURER B:</td> <td>Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C:</td> <td>XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Homeland Insurance Company of NY	34452	INSURER B:	Greenwich Insurance Company	22322	INSURER C:	XL Specialty Insurance Company	37885	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																							
INSURER E:																							
INSURER F:																							

COVERAGES **CERTIFICATE NUMBER: 6677502** **REVISION NUMBER: See below**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MFL-2004-13	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			RAG5000408 RAG5000409	10/01/2013 10/01/2013	10/01/2014 10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			MFX-0468-13	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RWD5000406	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Medical Professional Liability			MFL-2004-13	10/01/2013	10/01/2014	\$1,000,000 OCC \$3,000,000 AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeanne Brandon

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: VNF1033

000004

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 checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" 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 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.

SHC Services, Inc. dba Supplemental Health Care
Company

Mike Dunagan
Authorized Signature

12/30/13
Date

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



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

Solicitation

NUMBER
VNF1033

PAGE
1

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

VENDOR

RFQ COPY
TYPE NAME/ADDRESS HERE
 SHC Services, Inc. dba Supplemental Health Care
 2005 Sheridan Drive
 Buffalo, NY 14223

SHIP TO

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

DATE PRINTED
12/12/2013

BID OPENING DATE: **01/02/2014** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 1		
0001	1	LS		964-65		
				NURSE STAFFING SERVICES		
***** THIS IS THE END OF RFQ VNF1033 ***** TOTAL:						

SIGNATURE <i>Mike W...</i>	TELEPHONE 800.543.9399	DATE 12/30/13
TITLE Chief Marketing Officer	FEIN 16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE

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



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

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

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

DATE PRINTED:
12/23/2013
BID OPENING DATE:
01/02/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 2		
0001	1	LS		964-65		
				NURSE STAFFING SERVICES		
***** THIS IS THE END OF RFQ VNF1033 ***** TOTAL:						

Post-It® Fax Note 7671

Date	12/30/13	# of pages	8
From	T. Lyle		
To	Garrett Johnson		
Co./Dept			
Phone #			
Fax #	304-558-2544		

SIGNATURE	<i>Maria Wunay</i>	TELEPHONE	800.543.9399	DATE	12/30/13
TITLE	Chief Marketing Officer	FEIN	16-1216796	ADDRESS CHANGES TO BE NOTED ABOVE	

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