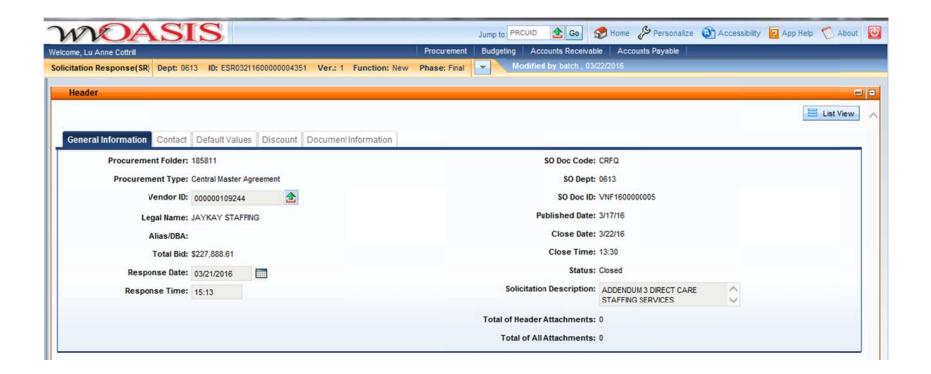


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Solicitation Response

Proc Folder: 185811

Solicitation Description: ADDENDUM 3 DIRECT CARE STAFFING SERVICES

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-03-22 13:30:00	SR 0613 ESR03211600000004351	1

VENDOR

000000109244

JAYKAY STAFFING

FOR INFORMATION CONTACT THE BUYER

Crystal Rink (304) 558-2402 crystal.g.rink@wv.gov

Signature X FEIN # DATE

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	REGISTERED NURSE 6AM-2PM	680.00000	HOUR	\$43.920000	\$29,865.60
Comm Code	Manufacturer	Specification		Model #	
80111606					
Extended Des	REGISTERED NURSE 6A	M-2PM			
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	REGISTERED NURSE 2PM-10PM	900.00000	HOUR	\$43.920000	\$39,528.00
Comm Code	Manufacturer	Specification		Model #	
80111606					
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	REGISTERED NURSE 10PM-6AM	380.00000	HOUR	\$43.920000	\$16,689.60
Comm Code 80111606	Manufacturer	Specification		Model #	
Extended Des	Scription: REGISTERED NURSE 10	PM-6AM			
	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
Line		64.00000	HOUR	\$65.880000	\$4,216.32
Line 4	REGISTERED NURSE HOLIDAY(S)				
4		Specification		Model #	
	REGISTERED NURSE HOLIDAY(S) Manufacturer	Specification		Model #	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	LICENSED PRACTICAL NURSE 6:30 AM-7:30PM	756.00000	HOUR	\$33.200000	\$25,099.20
Comm Code	Manufacturer	Specification		Model #	
80111606					
Extended Des	Scription: LICENSED PRACTICAL N	NURSE 6:30 AM-	7:30PM		
Line	Comm Ln Desc	Qty 756 00000	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	LICENSED PRACTICAL NURSE 6:30AM-7:30AM	756.00000	HOUR	\$33.200000	\$25,099.20
Comm Code 80111606	Manufacturer	Specification		Model #	
Extended Des	Scription: LICENSED PRACTICAL N	NUNGE 0.30AIVI-	. SUAIVI		
				Unit Price	Ln Total Or Contract Amount
Extended Des	Comm Ln Desc LICENSED PRACTICAL N Comm Ln Desc LICENSED PRACTICAL NURSE 5:30AM-6:30PM SPECIAL NEEDS	Qty 95.00000	Unit Issue	Unit Price \$33.200000	Ln Total Or Contract Amount \$3,154.00
Line	Comm Ln Desc LICENSED PRACTICAL NURSE	Qty	Unit Issue		
Line 7 Comm Code	Comm Ln Desc LICENSED PRACTICAL NURSE 5:30AM-6:30PM SPECIAL NEEDS Manufacturer	Qty 95.00000 Specification	Unit Issue HOUR	\$33.200000 Model #	\$3,154.00
Line 7 Comm Code 80111606	Comm Ln Desc LICENSED PRACTICAL NURSE 5:30AM-6:30PM SPECIAL NEEDS Manufacturer	Qty 95.00000 Specification	Unit Issue HOUR	\$33.200000 Model #	\$3,154.00
Line 7 Comm Code 80111606 Extended Des	Comm Ln Desc LICENSED PRACTICAL NURSE 5:30AM-6:30PM SPECIAL NEEDS Manufacturer Scription: LICENSED PRACTICAL N	Qty 95.00000 Specification	Unit Issue HOUR	\$33.200000 Model # CIAL NEEDS UNIT	\$3,154.00 Г
Line 7 Comm Code 80111606 Extended Des	Comm Ln Desc LICENSED PRACTICAL NURSE 5:30AM-6:30PM SPECIAL NEEDS Manufacturer Scription: LICENSED PRACTICAL N Comm Ln Desc LICENSED PRACTICAL NURSE	Qty 95.00000 Specification NURSE 5:30AM-6	Unit Issue HOUR 3:30PM SPEC	\$33.200000 Model # CIAL NEEDS UNIT	\$3,154.00

tended Description:		e Comm Ln Desc		Unit Issue	Unit Price	Ln Total Or Contract Amount	
	9	LICENSED PRACTICAL NURSE HOLIDAY(S)	112.00000	HOUR	\$49.800000	\$5,577.60	
tended Description: Comm Ln Desc Qty Unit Issue Unit Price Ln Total Or Contract Amount	Comm Code	Manufacturer	Specification		Model #		
No. Certified Nursing Assistant Specification Model #	80111606		·				
CERTIFIED NURSING ASSISTANT	Extended De	scription: LICENSED PRACTICAL N	NURSE HOLIDAY	r(S)			
### Code Manufacturer Specification Model # ###	Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount	
	10		840.00000	HOUR	\$22.340000	\$18,765.60	
CERTIFIED NURSING ASSISTANT 7AM-3PM	Comm Code	Manufacturer	Specification		Model #		
Comm Ln Desc Qty Unit Issue Unit Price Ln Total Or Contract Amount	80111606						
mm Code Manufacturer Specification Model # 111606 tended Description: CERTIFIED NURSING ASSISTANT 3PM-11PM ne Comm Ln Desc Qty Unit Issue Unit Price Ln Total Or Contract Amount CERTIFIED NURSING ASSISTANT 672.00000 HOUR \$22.340000 \$15,012.48	Line 11	CERTIFIED NURSING ASSISTANT					
tended Description : CERTIFIED NURSING ASSISTANT 3PM-11PM The Comm Ln Desc Qty Unit Issue Unit Price Ln Total Or Contract Amount CERTIFIED NURSING ASSISTANT 672.00000 HOUR \$22.340000 \$15,012.48		3PM-11PM					
tended Description : CERTIFIED NURSING ASSISTANT 3PM-11PM The Comm Ln Desc Qty Unit Issue Unit Price Ln Total Or Contract Amount CERTIFIED NURSING ASSISTANT 672.00000 HOUR \$22.340000 \$15,012.48	Comm Code	Manufacturer	Specification		Model #		
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				Unit lesuo	Unit Price	Ln Total Or Contract Amount	
	Line	Comm Ln Desc	Qty	Ullit ISSUE			
mm Code Manufacturer Specification Model #	Line 12	CERTIFIED NURSING ASSISTANT			\$22.340000	\$15,012.48	
111606		CERTIFIED NURSING ASSISTANT 11PM-7AM	672.00000			\$15,012.48	
I II IVI-7/AIVI	Comm Code 80111606	3PM-11PM Manufacturer	Specification	I1PM	Model #		

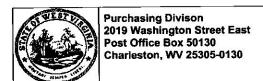
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	CERTIFIED NURSING ASSISTANT 5AM-6:30 PM SPECIAL NEEDS	284.00000	HOUR	\$22.340000	\$6,344.56
Comm Code	Manufacturer	Specification		Model #	
80111606					
Extended Des	scription : CERTIFIED NURSING AS	SISTANT 5AM-6	S:30 PM SPE	CIAL NEEDS LINI	
Extended Des	SERVINIED NOROING ACC	JIOTANT JAW-0	7.30 T W GI E	OIAL NEEDS ON	'
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	CERTIFIED NURSING ASSITANT	189.00000	HOUR	\$22.340000	\$4,222.26
	6PM-6:30AM SPECIAL NEEDS UNIT				·
Comm Code	Manufacturer	Specification		Model #	
80111606	manaduloi	- Specification		model #	
Extended Des	scription: CERTIFIED NURSING AS				
Line 15	Comm Ln Desc CERTIFIED NURSING ASSISTANT	Qty 312.00000	Unit Issue HOUR	Unit Price \$33.510000	Ln Total Or Contract Amount \$10,455.12
	CERTIFIED NURSING ASSISTANT				
15	CERTIFIED NURSING ASSISTANT HOLIDAY(S)	312.00000		\$33.510000	
15 Comm Code	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer	312.00000 Specification	HOUR	\$33.510000	
15 Comm Code 80111606	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer	312.00000 Specification SISTANT HOLIE	HOUR	\$33.510000	
Comm Code 80111606 Extended Des	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer Scription: CERTIFIED NURSING ASSISTANT HOLIDAY(S)	312.00000 Specification	HOUR DAY(S)	\$33.510000 Model #	\$10,455.12
Comm Code 80111606 Extended Des	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer Scription: CERTIFIED NURSING ASS	312.00000 Specification SISTANT HOLIE	HOUR DAY(S) Unit Issue	\$33.510000 Model #	\$10,455.12 Ln Total Or Contract Amount
Comm Code 80111606 Extended Des	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer Scription: CERTIFIED NURSING ASSISTANT MANUFACTURE Comm Ln Desc REGISTERED NURSE-OVERTIME	Specification SISTANT HOLIE Qty 13.00000	HOUR DAY(S) Unit Issue	\$33.510000 Model # Unit Price \$65.880000	\$10,455.12 Ln Total Or Contract Amount
Comm Code 80111606 Extended Des Line 16	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer Scription: CERTIFIED NURSING ASSISTANT HOLIDAY(S)	312.00000 Specification SISTANT HOLIE	HOUR DAY(S) Unit Issue	\$33.510000 Model #	\$10,455.12 Ln Total Or Contract Amount
Comm Code 80111606 Extended Des	CERTIFIED NURSING ASSISTANT HOLIDAY(S) Manufacturer Scription: CERTIFIED NURSING ASSISTANT MANUFACTURE Comm Ln Desc REGISTERED NURSE-OVERTIME Manufacturer	Specification SISTANT HOLID Qty 13.00000 Specification	HOUR DAY(S) Unit Issue	\$33.510000 Model # Unit Price \$65.880000	\$10,455.12 Ln Total Or Contract Amount

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	LICENSED PRACTICAL NURSE-OVERTIME	13.00000	HOUR	\$49.800000	\$647.40
Comm Code	Manufacturer	Specification		Model #	
80111606					
Extended Des	SCRIPTION: LICENSED PRACTION	CAL NURSE-OVERTII	ME		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	CERTIFIED NURSING ASSISTANT-OVERTIME	13.00000	HOUR	\$33.510000	\$435.63
Comm Code	Manufacturer	Specification		Model #	

CERTIFIED NURSING ASSISTANT-OVERTIME

80111606

Extended Description:



State of West Virginia Request for Quotation

680

Proc Folder: 185811

Doc Description: DIRECT CARE STAFFING SERVICES

Proc Type: Central Master Agreement

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

Vendor Name, Address and Telephone Number:

JayKay Staffing 2058 Classique lane Tavares FL 32778

Phone: 800-442-5441

FOR INFORMATION CONTACT THE BUYER

Crystal Rink (304) 558-2402 crystal.g.rink@wv.gov

Signature X

FEIN# 200131316

DATE 03/21/2016

All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

JayKay Staffing	2000 T - 100		
(Company)			
ph	- PURITY	40000	PRESIDENT CED
(Authorized Signat	ure) (Representa	tive Name,	Title)
(800) 442-5441	(800)805-9016	03/21/201	6
(Phone Number) (F			

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CKPQ VNF1600000000

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)	ived)
Addendum No. 1	Addendum No. 6
Addendum No. 2	Addendum No. 7
Addendum No. 3	Addendum No. 8
Addendum No. 4	Addendum No. 9
Addendum No. 5	Addendum No. 10
I further understand that any verbal represent discussion held between Vendor's representa- the information issued in writing and added binding.	pt of addenda may be cause for rejection of this bid tation made or assumed to be made during any oral atives and any state personnel is not binding. Only to the specifications by an official addendum is
JayKay Staffing Company	
Authorized Signature	
03/21/2016	
Date	
NOTE: This addendum acknowledgement shadocument processing	nould be submitted with the bid to expedite

REQUEST FOR QUOTATION CRFQ VNF1600000005 Direct Care Staffing Services

- 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 Immediate cancellation of the Contract.
 - 10.2.2 Immediate 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: Heather Oglesby
Telephone Number: 800-442-5441

Fax Number: 800-805-9016

Email Address: staffing@jaykaystaffing.com

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 Vendor Preference, if applicable.

1.	Application is made for 2.5% vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediate ing the date of this certification; or,	oly preced-
	Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or princip business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 8 ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor maintained its headquarters or principal place of business continuously in West Virginia for four (4) years im preceding the date of this certification; or,	30% of the or who has mediately
	Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state and which has maintained its headquarters or principal place of business within West Virginia continuously for the years immediately preceding the date of this certification; or,	residents he four (4)
2. _X	Application is made for 2.5% 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 e working on the project being bid are residents of West Virginia who have resided in the state continuously for the immediately preceding submission of this bid; or,	mployees two years
3.	Application is made for 2.5% vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia emminimum of one hundred state residents who certifies that, during the life of the contract, on average at least 7 employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in continuously for the two years immediately preceding submission of this bid; or,	ploying a 5% of the
4.	Application is made for 5% 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	or,
5.	Application is made for 3.5% 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 Nation and has resided in West Virginia continuously for the four years immediately preceding the date on which submitted; or,	nal Guard
6.	Application is made for 3.5% 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 Gu purposes of producing or distributing the commodities or completing the project which is the subject of the vendor continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees of West Virginia who have resided in the state continuously for the two immediately preceding years.	s bid and
7. _x_	Application is made for preference as a non-resident small, women- and minority-owned business, I dance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.	
require against	er understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to irements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess nst such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting inducted from any unpaid balance on the contract or purchase order.	a nenalty
authorized	ubmission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Div orizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder equired business taxes, provided that such information does not contain the amounts of taxes paid nor any other informed by the Tax Commissioner to be confidential.	has paid
and ac	er penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificat accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this ce iges during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.	te is true ertificate
	er: JayKay Staffing Signed:	
Date:	03/21/2016 Title* President/CFO	

- 16. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES: For any solicitations publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, womenowned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.
- 17. WAIVER OF MINOR IRREGULARITIES: The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.
- 18. ELECTRONIC FILE ACCESS RESTRICTIONS: Vendor must ensure that its submission in wvOASIS can be accessed by the Purchasing Division staff immediately upon bid opening. The Purchasing Division will consider any file that cannot be immediately opened and/or viewed at the time of the bid opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires, and are therefore unacceptable. A vendor will not be permitted to unencrypt files, remove password protections, or resubmit documents after bid opening if those documents are required with the bid.
- 19. NON-RESPONSIBLE: The Purchasing Division Director reserves the right to reject the bid of any vendor as Non-Responsible in accordance with W. Va. Code of State Rules § 148-1-5.3, when the Director determines that the vendor submitting the bid does not have the capability to fully perform, or lacks the integrity and reliability to assure good-faith performance."
- 20. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part in accordance with W. Va. Code of State Rules § 148-1-4.5. and § 148-1-6.4.b."
- 21. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to



Account information Francial Transactions Business Opportunities Schickeline Personnes Carbing Management

mmany Business Info Addresses & Contacts

sers Commoditi

Business Types

Service Areas

Displosures

Welcome, purity Ndolo

Business Types

Here is the current list of business types associated with your organization. You can add new business types by clicking the "Add Items" button. To modify Business Type information click the "View/Update" link under the Existing Business Types Assignments section next to the record you wish to update. To delete a business type, click the "Delete" link next to the record in the grid that you wish to delete.

Any request to add a new Business Type that is awaiting approval can be viewed by circking the View Pending Additions' button. Any request to update an existing Business Type that is awaiting approval can be viewed by circking the View Pending Changes' button.

West Virginia Code \$5.4-3-59 establishes a procurement certification program in West Virginia for small, women, and minority-owned businesses. Requirements related to the certification program are provided in West Virginia Code of State Rules &148-2-1 et seq. Note that this certification program provides nonresident vendors preference that is equivalent to competing resident(West Virginia) vendors that have applied for resident vendor preference, in accordance with West Virginia Code \$5.4-3-37. This certification may assist resident small, women-, and minority-owned businesses when soliciting business in other states.

To apply for the certification, click Add Items and select Business Type ID of "SWAM".

Existing Business Types

Business Type ID	Business Type	SWAM Type	Certification No	Certification Start Date	Certification End Date	Pending Changes			
MNRT	Minority-Owned Business			03/03/2016	03/03/2018	E	View/Update	View Pending Changes	<u>Delete</u>
SIAL	Small Business			03/03/2016	EUC219	Ţ	Viewlipdate	View Pending Changes	Delete
WMNO	Women-Owned Business			03/03/2016	03/03/2018	_	View/Update	View Pending Changes	<u>Delete</u>
First Prev Ne	ext Last		Add	Items View Pendi	no Additions				

M Makvarebytes Anti-Makvare

Scan Complete - Non-Malware Detected

Neiwordsytes Anti-Maiware has finalted scarning your system and one or more potentially unwanted objects has been detected. Oak here to view details.

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 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. 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.

Vendor's Name: JayKay Staffing		
Vendor S (Varine, Jaykay Starring		
Authorized Signature:		Date: 03/21/2016
State of Florida		
County of <u>Lave</u> , to-wit:		
Taken, subscribed, and sworn to before me this 21 d	ay of March	, 20 <u>16</u>
My Commission expires September 9	, 20 <u>\</u> Q	
AFFIX SEAL HERE	NOTARY PUBLIC	MC628
and Wilder		Purchasing Affidavit (Revised 07/01/2012)



WITNESS THE FOLLOWING SIGNATURE:

CRFQ VNF1600000005 Direct Care Nursing Staffing Bid Sheet

tem No.	Description Of Services	Est. Hours Per Week	Reg. Hourly Rate	1.5 OT Rate- Hrs.worked over regular schedule shift
	Registered Nurse Shifts **	N 1865		
1	6 am - 2 pm	680	43,92	\$29,865.60
2	2 pm - 10 pm	900	43.92	\$39,528.00
3	10 pm - 6 am	380	43.92	\$16,689,60
4	Holiday(s) Christmas Day, Thanksgiving Day & New Years Day Only	64	65.88	\$4,216.32
5	Overtime	13	65.88	\$856,44
300	Licensed Practical Nurse Shifts **		1 10 20	
6	6:30 am - 7:30 pm	756	33.20	\$25,099.20
7	6:30 am - 7:30 am	756	33.20	\$25,099.20
8	5:30 am - 6:30 pm Special Needs Unit	95	33.20	\$3,154.00
9	5:30 -630 am Special Needs Unit	95	33.20	\$3,154.00
10	Holiday(s) Christmas Day, Thanksgiving Day & New Years Day Only	112	49.80	\$5,577.60
11	Overtime	13	49.80	\$647.40
	Certified Nursing Assistant Shifts **			
12	7 am - 3 pm	840	22.34	\$18,765.60
13	3 pm - 11 pm	840	22.34	\$18,765.60
14	11 pm - 7 am	672	22,34	\$15,012.48
15	5:00 am - 630 pm Special Needs Unit	284	22.34	\$6,344.56
16	5:00 pm - 630 am Special Needs Unit	189	22.34	\$4,222.26
17	Holiday(s) Christmas Day, Thanksgiving Day & New Years Day Only	312	33,51	\$10,455.12
18	Overtime	13	33.51	495,63
			Grand Total:	\$227,888.61

Contact Name: Purity Ndolo Address: 2058 Classique Lane Tavares FL 32778 Phone No: 800-442-5441 Fax No. 800-805-9016	79
Tavares FL 32778 Phone No: 800-442-5441	
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ax No. 800-805-9016	
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** LPN are scheduled and work 13 hour shifts	