



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.

## Header 8

 List View

## General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 393332

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0618

Vendor ID: VS0000014590 

SO Doc ID: BVH1800000002

Legal Name: HOWARD-WRIGHT EMPLOYMENT AGENCY INC

Published Date: 11/29/17

Alias/DBA:

Close Date: 12/14/17


Total Bid: \$49,392.96

Close Time: 13:30

Response Date: 12/14/2017 

Status: Closed

Response Time: 11:34

Solicitation Description: ADDENDUM 1 TEMPORARY REGISTERED NURSES [Apply Default Values to Commodity Lines](#)[View Procurement Folder](#)



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 393332

**Solicitation Description :** ADDENDUM 1 TEMPORARY REGISTERED NURSES

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-12-14 13:30:00	SR 0618 ESR12131700000002618	1

<b>VENDOR</b>
VS0000014590 HOWARD-WRIGHT EMPLOYMENT AGENCY INC

**Solicitation Number:** CRFQ 0618 BVH1800000002

**Total Bid :** \$49,392.96      **Response Date:** 2017-12-14      **Response Time:** 11:34:27

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal Rink  
 (304) 558-2402  
 crystal.g.rink@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
--------------------------	---------------	-------------

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	TEMPORARY REGISTERED NURSES	168.00000	HOUR	\$51.450000	\$8,643.60

Comm Code	Manufacturer	Specification	Model #
85101601			

<b>Extended Description :</b>	8:00 AM TO 4:00 PM
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	TEMPORARY REGISTERED NURSES	168.00000	HOUR	\$51.450000	\$8,643.60

Comm Code	Manufacturer	Specification	Model #
85101601			

<b>Extended Description :</b>	6:45 AM TO 3:00 PM
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	TEMPORARY REGISTERED NURSES	168.00000	HOUR	\$51.450000	\$8,643.60

Comm Code	Manufacturer	Specification	Model #
85101601			

<b>Extended Description :</b>	2:45 PM TO 11:00 PM
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	TEMPORARY REGISTERED NURSES	168.00000	HOUR	\$51.450000	\$8,643.60

Comm Code	Manufacturer	Specification	Model #
85101601			

<b>Extended Description :</b>	10:45 PM TO 7:00 AM
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	TEMPORARY REGISTERED NURSES	192.00000	HOUR	\$77.180000	\$14,818.56

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description :** HOLIDAY(S) NEW YEAR'S EVE, NEW YEAR'S DAY, MEMORIAL DAY, 4TH OF JULY, LABOR DAY, THANKSGIVING DAY, CHRISTMAS EVE, CHRISTMAS DAY



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

State of West Virginia  
 Request for Quotation  
 26 – Medical

Proc Folder: 393332

Doc Description: ADDENDUM 1 TEMPORARY REGISTERED NURSES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-11-29	2017-12-14 13:30:00	CRFQ 0618 BVH180000002	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

Howroyd-Wright Employment Agency, Inc. dba All's Well  
 1999 W 190th Street  
 Torrance, CA 90504  
 (866) 493-8343

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 95-2580864

DATE

12/13/17

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

**ADDITIONAL INFORMAITON:**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA VETERANS HOME LOCATED IN BARBOURSVILLE, WV, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR TEMPORARY REGISTERED NURSES PER THE ATTACHED DOCUMENTATION.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST		WEST VIRGINIA VETERANS HOME 512 WATER ST	
BARBOURSVILLE	WV25504	BARBOURSVILLE	WV 25504
US		US	

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**Extended Description :**  
HOLIDAY(S) NEW YEAR'S EVE, NEW YEAR'S DAY, MEMORIAL DAY, 4TH OF JULY, LABOR DAY, THANKSGIVING DAY, CHRISTMAS EVE, CHRISTMAS DAY

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2017-11-28



<b>BVH180000002</b>	<b>Document Phase</b> Final	<b>Document Description</b> ADDENDUM 1 TEMPORARY REGISTERED NURSES	<b>Page 4</b> <b>of 4</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Lori Rice, Division Vice President  
\_\_\_\_\_  
(Name, Title)  
Lori Rice, Division Vice President  
\_\_\_\_\_  
(Printed Name and Title)  
1999 W 190th Street, Torrance, CA 90504  
\_\_\_\_\_  
(Address)  
760-900-9757 / 714-596-7798  
\_\_\_\_\_  
(Phone Number) / (Fax Number)  
govproposals@allswell.com  
\_\_\_\_\_  
(email address)

**CERTIFICATION AND SIGNATURE:** 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.

Howroyd-Wright Employment Agency, Inc. dba All's Well  
\_\_\_\_\_  
(Company)  
  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)  
Mike Hoyal, CFO  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)  
12/13/17  
\_\_\_\_\_  
(Date)  
P: 866-493-8343 F: 714-596-7798  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BVH1800000002**

**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 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.

Howroyd-Wright Employment Agency, Inc.  
dba All's Well

Company

MICHAEL A. HOYAL

CFO Authorized Signature

Date

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

**West Virginia Ethics Commission**  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

**Contracting Business Entity:** Howroyd-Wright Employment Agency, Inc. dba All's Well **Address:** 1999 W 190th St.  
Torrance, CA 90504

**Authorized Agent:** Mike Hoyal **Address:** 327 W Broadway, Glendale, CA 91204

**Contract Number:** CRFQ BVH18000000002 **Contract Description:** Temporary Registered Nurses

**Governmental agency awarding contract:** State of West Virginia - Purchasing Division

**Check here if this is a Supplemental Disclosure**

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

**1. Subcontractors or other entities performing work or service under the Contract**

Check here if none, otherwise list entity/individual names below.

**2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**

Check here if none, otherwise list entity/individual names below.

**3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**

Check here if none, otherwise list entity/individual names below.

Signature: *Michael A. Hoyal* Date Signed: 12/13/17

**Notary Verification**

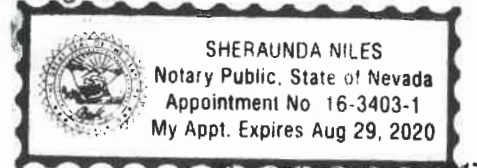
State of Nevada, County of Clark:

I, MICHAEL A. HOYAL, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 13<sup>th</sup> day of December, 2017.

*Sheraunda Niles*  
Notary Public's Signature

**To be completed by State Agency:**  
Date Received by State Agency: \_\_\_\_\_  
Date submitted to Ethics Commission: \_\_\_\_\_  
Governmental agency submitting Disclosure: \_\_\_\_\_





STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(f), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL OTHER CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Howroyd-Wright Employment Agency/Inc. dba All's Well

Authorized Signature: *Mal A. Floyd*

Date: 12/13/17

State of Nevada

County of Clark, to-wit:

Taken, subscribed, and sworn to before me this 13<sup>th</sup> day of December, 2017.

My Commission expires August 29<sup>th</sup>, 2020.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** *Sharon Childs*



Response to CRFQ BVH1800000002

# TEMPORARY REGISTERED NURSES

*State of West Virginia*



**Response Due Date/Time:**

December 14, 2017 / 1:30pm ET

**Submitted to:**

State of West Virginia  
Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305

**Submitted by:**

All's Well Healthcare Services  
An ACT•1 Group Company  
Government Solutions Division  
1999 West 190th Street  
Torrance, California 90504  
POC: Lori Rice, Division Vice President  
Phone: (760) 900-9757  
Email: [lrice@allswell.com](mailto:lrice@allswell.com)  
Corporate Sponsor: Carlton Bryant, Executive VP  
Phone: (866) 493-8943  
Email: [GovSolutions@AllsWell.com](mailto:GovSolutions@AllsWell.com)

14 December 2017

State of West Virginia  
Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305

**Subject:** *Response to CRFQ BVH1800000002 – TEMPORARY REGISTERED NURSES*

All's Well Healthcare Services (All's Well) welcomes the opportunity to present our quote to the State of West Virginia (State). As one of the largest privately held human capital management companies in the United States, All's Well, as part of the ACT•1 Group of Companies, has over 250 offices throughout North America to support recruiting and bring local labor market knowledge and talent to the State.



All's Well

All's Well is a privately held, diversified service organization comprised of a cohesive team of innovative people dedicated to providing the highest quality healthcare staffing services with the greatest value. We provide cost effective solutions to all levels of healthcare staffing with "Around the Clock" recruitment solutions available 365 days a year to our healthcare clients through creative, cost-effective, quality staffing of nurses, allied health professionals, therapists and healthcare administrative personnel. From one-on-one interviews to background screening, All's Well balances our focus on customer-service with a detailed, and assurance-minded system of checks and balances.

All's Well provides a National Fulfillment Center located at 6655 W. Sahara Ave., #A-200, Las Vegas, NV 89146. Serving as primary point of contact, Lori Rice, Division Vice President will facilitate follow-up and follow through, attend meetings, coordinate resources, services and support and is available directly at [lrice@allswell.com](mailto:lrice@allswell.com) or via phone at (760) 900-9757. Primary points of contact for the National Fulfillment Center are Christine Cariola and Natalie Dyke, who may be reached at (877) 245-0835 or at [ccariola@ain1.com](mailto:ccariola@ain1.com) or [ndyke@ain1.com](mailto:ndyke@ain1.com) respectively.

Our agency delivers value via efficiency through our program technology that supports better management insight into resources, real time status on processing, and report generation via electronic management dashboards that combine to drive efficiencies in our client locations. Further, we present to you a secure integrated industry-leading program that proactively addresses vulnerabilities immediately, and is implementable with measurable results, within your budget constraints.

All's Well intends to provide the State with excellent service that presents lasting solutions while remaining cognizant of the taxpayer's dollar. All's Well understands all the terms and conditions contained in this CRFQ and will comply with all the provisions of this solicitation. We further acknowledges receipt, review of this solicitation, and all amendment(s) issued by the State. If you have any questions regarding the enclosed, please feel free to contact me at (866) 496-8343 or via email at Email: [GovSolutions@allswell.com](mailto:GovSolutions@allswell.com).

Thank you for considering All's Well for your healthcare staffing needs. We look forward to working with the State. We will do everything necessary to ensure that the State's experience with All's Well is positive, productive and long-term.

Sincerely,



Carlton G. Bryant  
Executive Vice President  
All's Well Healthcare Services

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**PURCHASING AFFIDAVIT ..... 10**

**EXHIBIT A..... 11**



**CRFQ FORM**

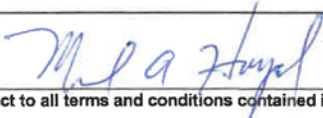
	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	<b>State of West Virginia          Request for Quotation          26 – Medical</b>
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Proc Folder: 393332			
Doc Description: ADDENDUM 1 TEMPORARY REGISTERED NURSES			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2017-11-29	2017-12-14 13:30:00	CRFQ 0618 BVH1800000002	2

BID RECEIVING LOCATION
BID CLERK DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON ST E CHARLESTON WV 25305 US

VENDOR
<b>Vendor Name, Address and Telephone Number:</b>  Howroyd-Wright Employment Agency, Inc. dba All's Well 1999 W 190th Street Torrance, CA 90504 (866) 493-8343

<b>FOR INFORMATION CONTACT THE BUYER</b> Crystal Rink (304) 558-2402 crystal.g.rink@wv.gov
---

Signature X 	FEIN # 95-2580864	DATE 12/13/17
All offers subject to all terms and conditions contained in this solicitation		

**ADDITIONAL INFORMATION:**

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**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2017-11-28

	<b>Document Phase</b>	<b>Document Description</b>	<b>Page 4 of 4</b>
BVH1800000002	Final	ADDENDUM 1 TEMPORARY REGISTERED NURSES	

**ADDITIONAL TERMS AND CONDITIONS**

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**ADDENDUM ACKNOWLEDGEMENT FORM**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:** BVH1800000002

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|--|--|
| <input checked="" 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.

Howroyd-Wright Employment Agency, Inc.  
dba All's Well

Company

MICHAEL A. HOYAL

CFO Authorized Signature

Date

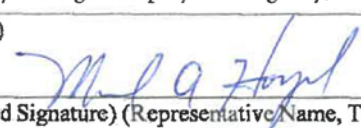
NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

CERTIFICATION AND SIGNATURE FORM

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Lori Rice, Division Vice President  
(Name, Title)  
Lori Rice, Division Vice President  
(Printed Name and Title)  
1999 W 190th Street, Torrance, CA 90504  
(Address)  
760-900-9757 / 714-596-7798  
(Phone Number) / (Fax Number)  
govproposals@allswell.com  
(email address)

**CERTIFICATION AND SIGNATURE:** 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.

Howroyd-Wright Employment Agency, Inc. dba All's Well  
(Company)  
  
(Authorized Signature) (Representative Name, Title)  
Mike Hoyal, CFO  
(Printed Name and Title of Authorized Representative)  
12/13/17  
(Date)  
P: 866-493-8343 F: 714-596-7798  
(Phone Number) (Fax Number)

Revised 11/14/2017

CONTRACT MANAGER INFORMATION

REQUEST FOR QUOTATION  
CRFQ BVH1800000002  
TEMPORARY REGISTERED NURSES

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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:** Lori Rice  
**Telephone Number:** 760-900-9757  
**Fax Number:** 714-596-7798  
**Email Address:** lrice@allswell.com

Revised 10/27/2014



**DISCLOSER OF INTERESTED PARTIES**

**West Virginia Ethics Commission  
Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

**Contracting Business Entity:** Howroyd-Wright Employment Agency, Inc. dba All's Well **Address:** 1999 W 190th St.  
Torrance, CA 90504

**Authorized Agent:** Mike Hoyal **Address:** 327 W Broadway, Glendale, CA 91204

**Contract Number:** CRFQ BVH1800000002 **Contract Description:** Temporary Registered Nurses

**Governmental agency awarding contract:** State of West Virginia - Purchasing Division

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

- 1. Subcontractors or other entities performing work or service under the Contract**  
 Check here if none, otherwise list entity/individual names below.
- 2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**  
 Check here if none, otherwise list entity/individual names below.
- 3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**  
 Check here if none, otherwise list entity/individual names below.

Signature:  Date Signed: 12/13/17

**Notary Verification**

State of Nevada, County of Clark:

I, MICHAEL A. HOYAL, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 13<sup>th</sup> day of December, 2017.

  
Notary Public's Signature

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_  
Date submitted to Ethics Commission: \_\_\_\_\_  
Governmental agency submitting Disclosure: \_\_\_\_\_





PURCHASING AFFIDAVIT

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(f), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL OTHER CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Howroyd-Wright Employment Agency/Inc. dba All's Well

Authorized Signature: *Mel A. Hays* Date: 12/13/17

State of Nevada

County of Clark, to-wit:

Taken, subscribed, and sworn to before me this 13<sup>th</sup> day of December, 2017.

My Commission expires August 29<sup>th</sup>, 2020.

**AFFIX SEAL HERE**

**NOTARY PUBLIC**



*Purchasing Affidavit (Revised 07/07/2017)*



EXHIBIT A

Exhibit A CRFQ BVH1800000002 Temporary Registered Nursing Staff Bid Sheet				
Item No.	Description Of Services	Estimated Hours Per Week	Regular Hourly Rate	Total Hourly Rate
<b>Registered Nurse Shifts</b>				
1	8:00 am - 4:00 pm	168	\$52.50	\$ 8,820.00 -
2	6:45 am - 3:00 pm	168	\$52.50	\$ 8,820.00 -
3	2:45 pm - 11:00 pm	168	\$54.00	\$ 9,072.00 -
4	10:45 pm - 7:00 am	168	\$55.50	\$ 9,324.00 -
5	Holiday(s) New Year's Eve, New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day	192	\$83.25	\$ 15,984.00 -
<b>Grand Total</b>				<b>\$ 52,020.00 -</b>

Vendor Information	
Company Name	Howroyd-Wright Employment Agency, Inc. dba All's Well
Name/Title	Mike Hoyal, CFO
Phone	866-493-8343
Fax	714-596-7798
Email	govproposals@allswell.com

**REQUEST FOR QUOTATION  
CRFQ BVH1800000002  
TEMPORARY REGISTERED NURSES**

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**11. MISCELLANEOUS:**

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**Contract Manager:** Lori Rice  
**Telephone Number:** 760-900-9757  
**Fax Number:** 714-596-7798  
**Email Address:** lrice@allswell.com

<b>Exhibit A</b>		<b>CRFQ BVH180000002</b>		
		<b>Temporary Registered Nursing Staff Bid Sheet</b>		
<b>Item No.</b>	<b>Description Of Services</b>	<b>Estimated Hours Per Week</b>	<b>Regular Hourly Rate</b>	<b>Total Hourly Rate</b>
<b>Registered Nurse Shifts</b>				
1	8:00 am - 4:00 pm	168	\$52.50	\$ 8,820.00 -
2	6:45 am - 3:00 pm	168	\$52.50	\$ 8,820.00 -
3	2:45 pm - 11:00 pm	168	\$54.00	\$ 9,072.00 -
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			<b>Grand Total</b>	<b>\$ 52,020.00 -</b>

<b>Vendor Information</b>	
<b>Company Name</b>	Howroyd-Wright Employment Agency, Inc. dba All's Well
<b>Name/Title</b>	Mike Hoyal, CFO
<b>Phone</b>	866-493-8343
<b>Fax</b>	714-596-7798
<b>Email</b>	govproposals@allswell.com