

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

SEALED BID: Statewide Contract for Temporary Worker Services

BUYER: Mark Atkins, File #42

SOLICITATION NO: CRFQ 0212 SWC2000000004

BID OPENING DATE: June 25, 2020

BID OPENING TIME: 1:30 pm EDT

FAX NUMBER: 304-558-3970

RECEIVED

2020 JUN 22 AM 10: 25

WV PURCHASING
DIVISION



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

State of West Virginia
Request for Quotation
34 -- Service - Prof

Proc Folder: 738312

Doc Description: STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

Date Issued	Solicitation Closes	Solicitation No	Version
2020-06-10	2020-06-25 13:30:00	CRFQ 0212 SWC2000000004	1

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:

Augmentation, Inc
115 Atkins Center, Suite 20
Martinsburg, WV 25404
304-267-4994

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
(304) 558-2307
mark.a.atkins@wv.gov

Signature X

FEIN # 520851012

DATE 6-18-2020

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

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division is soliciting bids to establish a statewide open-end contract for 17 specific temporary job classifications commonly required by State Agencies, per the attached documents.

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	TEMPORARY EMPLOYEE SERVICES	0.00000	JOB		

Comm Code	Manufacturer	Specification	Model #
80111600			

Extended Description :

TEMPORARY EMPLOYEE SERVICES:

Note: Vendor shall use Exhibit A Pricing Page(s) for bid pricing.
If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions due by 10:00 am EDT	2020-06-16

	Document Phase	Document Description	Page 3 of 3
SWC2000000004	Final	STATEWIDE CONTRACT -TEMPORARY STAFFING SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC2000000004

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 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.

Augmentation, Inc
Company

[Signature]
Authorized Signature

6-18-2020
Date

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

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.

Kurt R. Mason, Director of Business Development
(Name, Title)

Katherine Mason, Director of Business Development
(Printed Name and Title)

115 Atkins Center, Suite 20, Martinsburg, WV 25404
(Address)

304-707-5105 304-267-4032
(Phone Number) / (Fax Number)

KMason@augmentation.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.

Augmentation, Inc
(Company)

Kurt R. Mason, Director of Business Development
(Authorized Signature) (Representative Name, Title)

Katherine R Mason
(Printed Name and Title of Authorized Representative)

6-18-2020
(Date)

304-707-5105 304-267-4032
(Phone Number) (Fax Number)

**Statewide Contract
CRFQ 0212 SWC200000004
TEMPORARY STAFFING SERVICES
(TEMP21)**

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: Lindsay Hoodin
Telephone Number: 304-267-4994
Fax Number: 304-267-4032
Email Address: Lhoodin@augmentation.com

REGION 3:

NOTE: If you do not cover entire region, enter XX below the counties where you do supply temporaries.

REQUEST FOR QUOTATION

CRFQ SWC2000000004

TEMP21

Temporary Staffing Services

EXHIBIT A

Lewis	Upshur	Randolph	Pendelton	Hardy	Grant	Hampshire	Mineral	Morgan	Berkeley	Jefferson	Tucker	Barbour	Taylor	Preson
Classification		Worker Pay Rate		Withholding Rate		Overhead Rate		Total Rate*						
Accounting Technician 2		\$ 15.00		\$ 1.15		\$ 3.10		\$ 19.25						
Administrative Services Assistant 1		\$ 12.00		\$ 0.92		\$ 2.48		\$ 15.40						
Administrative Services Assistant 2		\$ 15.00		\$ 1.15		\$ 3.10		\$ 19.25						
Cook		No bid		\$ -		\$ -		#VALUE!						
Custodian		\$ 12.00		\$ 0.92		\$ 2.92		\$ 15.84						
Data Entry Operator2		\$ 12.00		\$ 0.92		\$ 2.48		\$ 15.40						
Executive Secretary		\$ 16.00		\$ 1.22		\$ 3.31		\$ 20.53						
Groundskeeper		\$ 12.00		\$ 0.92		\$ 3.28		\$ 16.20						
Health Service Worker		No bid		\$ -		\$ -		#VALUE!						
Laboratroy Assistant 3		No bid		\$ -				#VALUE!						
Laborer		\$ 12.00		\$ 0.92		\$ 2.92		\$ 15.84						
Mall Runner		\$ 12.00		\$ 0.92		\$ 2.48		\$ 15.40						
Office Assistant 2		\$ 12.00		\$ 0.92		\$ 2.48		\$ 15.40						
Office Assistant 3		\$ 14.00		\$ 1.07		\$ 2.90		\$ 17.97						
Paralegal		\$ 17.00		\$ 1.30		\$ 3.51		\$ 21.81						
Parking Attendant		No bid		\$ -				#VALUE!						
Word Processor		\$ 12.00		\$ 0.92		\$ 2.48		\$ 15.40						

* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.

Vendor Name: Augmentation, Inc
 Contact Person: Katherine R Mason
 Phone #: 304-707-5105
 Fax #: 304-267-4032
 Email: kmason@augmentation.com

Signature: 

Date: 18-Jun-20

P008
 Jun 19 2020 11:45am p.8
 3042674032
 Received: 3042674032
 Augmentation
 Jun 19 2020, 10:40a

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Augmentation^{Inc} Address: 115 Aikens Center, Suite 20

Martinsburg, WV 25405

Name of Authorized Agent: Katherine R. Mason Address: same

Contract Number: CRFQ 0212 SWC20*04 Contract Description: Temp21 - Temporary Staffing Services

Governmental agency awarding contract: WV 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: Katherine R. Mason

Date Signed: 6-17-20

Notary Verification

State of West Virginia, County of Berkley:

I, Katherine Mason, 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 17th day of June, 2020

Shana Bowers

Notary Public's Signature

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

Official Seal
Notary Public, State Of West Virginia
Shana N Bowers
651 Foxcroft Avenue
Martinsburg WV 25403
My commission expires November 19, 2022
Revised June 2018

STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), 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 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: Augmentation, Inc

Authorized Signature: [Signature] Date: 6-17-20

State of West Virginia

County of Berkeley, to-wit:

Taken, subscribed, and sworn to before me this 17th day of June, 2020

My Commission Expires 11/19/2022



NOTARY PUBLIC [Signature]

AGREED:

Name of Agency: State of West Virginia
WV Purchasing Division

Name of Associate: Augmentation, Inc

Signature: _____

Signature: Scott R. Wilson

Title: _____

Title: Dir of Business Development

Date: _____

Date: 6-18-2020

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jun 20 20
Patrick Morrissey
Attorney General
BY _____

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Augmentation, Inc

Name of Agency: State of West Virginia, WV Purchasing Division

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Included but not limited to the following:

- Personal Health Information
- Personal Identifiable Information
- Social Security Number
- Addresses
- Tax Identification Information
- Personal Phone Numbers
- All Correspondence marked Confidential
- Financial Information
- Financial Account number
- Credit Card Numbers
- Debit Card Numbers,
- Driver's License Numbers,
- State ID Numbers
- Marital Status
- Home Address

VSS VENDOR REGISTRATION SUMMARY

**PLEASE
SAVE
FORM
RECORD**

VSS Vendor Registration Summary application must be faxed along with the w-9 for validation

Part I: Vendor Information

1. Vendor Code:
VS0000004720

2. Legal Business Name:
Augmentation, Inc

3. Headquarters Account :
Yes

4. Headquarters Account Code :
VS0000004720

5. Headquarters Account Legal Name :
Augmentation, Inc

6. Headquarters Web Address
www.augmentation.com

7. CatalogDUNS:
[REDACTED]

8. Taxpayer ID Number :
520851012

9. Taxpayer ID Number Type :
EIN

Part II: Organization Information

1. Org Type:
Company

2. Classification:
Corporation

3. Foreign Tax ID:

4. W-8 Form:

5. Detailed TIN:

6. Location Web Address:
www.augmentation.com

7. Number of Employees:
< 50

8. Annual Income:
5 - 10 million

9. Ordering DUNS:
072661572

10. Internet Catalog:

11. Preferred Ordering Method:
Electronic

12. PCard Acceptance level:

12. Location Name:
Augmentation, Inc

Part III: Legal Name Information

1. Legal Name On W-9: Augmentation, Inc	2. Business Name (Alias/DBA): Augmentation
3. First Name:	4. Middle Name:
5. Last Name:	6. Name on Check: Legal Name

Part IV: 1099 TIN Information

1. Taxpayer Identification Number: 520851012	2. TIN Type: EIN
3. 1099 Reportable : Yes	

Part V: Legal (1099) Address Information

1. Street 1: 115 Aikens Ctr	2. City: Martinsburg
3. State/Province: WV	4. Zip/Postal Code: 25404-6210

Part VI: EFT Information

1. ABA Number:	2. Bank Name:
3. Account Type:	4.Account Number:
5. Routing ID Number:	6.Remittance Advice Transmission Mode:

Part VII: Discount Information

1. Number of Days 1:	2. Discount Percent 1:
3. Number of Days 2:	4. Discount Percent 2:
5. Number of Days 3:	6. Discount Percent 3:
7. Number of Days 4:	8. Discount Percent 4:
Part VIII: Administrative Address	
Address Information	
1. Street 1: 5104 Pegasus Ct	2. Street 2: Ste C
3. City: Frederick	4. State/Province: MD
5. Zip/Postal Code: 21704-8323	6. County:
7. Country: US	8. Phone: 301-698-1070
9. Additional Address Info:	10. Division/Department:
Contact Information	
1. Principal Contact: Nancy Hamilton	2. Phone: 301-698-1070

3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken: true

Part IX: Ordering Address

Address Information

1. Street 1: 115 Aikens Ctr	2. Street 2:
3. City: Martinsburg	4. State/Province: WV
5. Zip/Postal Code: 25404-6210	6. County:
7. Country: US	8. Phone: 3047075105
9. Additional Address Info: 115 Aikens Center, Suite 20	10. Division/Department:

Contact Information

1. Principal Contact:	2. Phone:
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Kathy Mason		3047075105	
3. Phone Extension:		4. Alternate Phone: 3047075105	
5. Alternate Phone Extension:		6. Fax Number:	
7. Fax Number Extension:		8. Alternate Fax Number:	
9. Alternate Fax Number Extension:		10. Email Address: kmason@augmentation.com	
11. Correspondence Type:		12. English Spoken: true	
Part X: Billing Address			
Address Information			
1. Street 1:		2. Street 2:	
3. City:		4. State/Province:	
5. Zip/Postal Code:		6. County:	
7. Country:		8. Phone:	
9. Additional Address Info:		10. Division/Department:	
Contact Information			

Jun 19 20, 11:04a

Augmentation

3042674032

p.19

1. Principal Contact:	2. Phone:
3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken:
Part XI: Payment Address	
Address Information	
1. Street 1: 5104 Pegasus Ct	2. Street 2: Ste C
3. City: Frederick	4. State/Province: MD
5. Zip/Postal Code: 21704-8323	6. County:
7. Country: US	8. Phone: 301-698-1070
9. Additional Address Info:	10. Division/Department:

EFT Information

1. ABA Number:	2. Bank Name:
3. Account Type:	4. Account Number:
5. Routing ID Number:	6. Remittance Advice Transmission Mode:

Contact Information

1. Principal Contact: Nancy Hamilton	2. Phone: 301-698-1070
3. Phone Extension:	4. Alternate Phone:
5. Alternate Phone Extension:	6. Fax Number:
7. Fax Number Extension:	8. Alternate Fax Number:
9. Alternate Fax Number Extension:	10. Email Address:
11. Correspondence Type:	12. English Spoken: true

Part XII: Account Administrator Information

1. User Name:
AugmentationInc1

2. Name:
KATHY
MASON

3. Email:
kmason@augmentation.com

4. Phone:
304-267-4944

Part XIII: Commodities

Commodity/Service Code	Commodity Description
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Part XIV: Business Types

Business Type ID	Certification Number	Certification Start Date	Certification End Date
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Part XV: Service Areas

Service Area Code	Service Area Zone
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