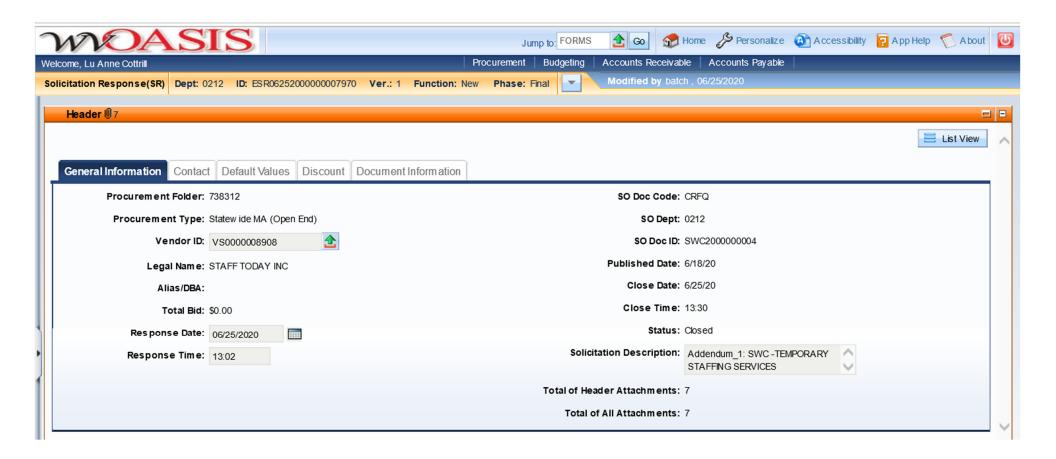


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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.





## State of West Virginia Solicitation Response

Proc Folder: 738312

Solicitation Description: Addendum\_1: SWC -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

Date issued Solicit	tation Closes	Solicitation Response		Version
2020- 13:30	-06-25 D:00	SR	0212 ESR06252000000007970	1

VENDOR

VS0000008908

STAFF TODAY INC

Solicitation Number: CRFQ 0212 SWC2000000004

**Total Bid :** \$0.00 **Response Date:** 2020-06-25 **Response Time:** 13:02:14

Comments:

FOR INFORMATION CONTACT THE BUYER

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

Signature on File 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	TEMPORARY EMPLOYEE	0.00000	JOB		
	SERVICES				

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.

## West Virginia Ethics Commission



## **Disclosure of Interested Parties to Contracts**

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$1 million or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or "Interested parties" means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

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

(Required by W. Va. Code § 6D-1-2)

Na	ame of Contracting Business Entity: Staff Today	/ Inc (STI) Address:	212 E. Rowland St #313
			Covina, CA 91723
Na	ame of Authorized Agent: Aby Lilian Mamboleo	Address:	212 E. Rowland St #313, Covina, CA 9 <u>1723</u>
Co	ontract Number:	Contract Descrip	tion:
G	overnmental agency awarding contract:		
	Check here if this is a Supplemental Disclosur	re	
	st the Names of Interested Parties to the contract whentity for each category below (attach additional page		ably anticipated by the contracting business
1.	Subcontractors or other entities performing we	ork or service under th	e Contract
	☑ Check here if none, otherwise list entity/individu	ual names below.	
	Any person or entity who owns 25% or more o  ☐ Check here if none, otherwise list entity/individu  Any person or entity that facilitated, or nego services related to the negotiation or drafting of a check here if none, otherwise list entity/individual.	ual names below.  otiated the terms of, the of the applicable contra	ne applicable contract (excluding lega
Si	ignature:	Date Signe	ed:
N	lotary Verification		
	tate of	_, County of	
Sta	-		:
Sta I, _ en pe	tate of  ntity listed above, being duly sworn, acknowledge the	the and the Disclosure hereing.	uthorized agent of the contracting business

#### **WV STATE GOVERNMENT**

#### HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

- 1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
  - a. Agency Procurement Officer shall mean the appropriate Agency individual listed at: <a href="http://www.state.wv.us/admin/purchase/vrc/agencyli.html">http://www.state.wv.us/admin/purchase/vrc/agencyli.html</a>.
  - b. Agent shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
  - c. Breach shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
  - **d. Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
  - e. HITECH Act shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111<sup>th</sup> Congress (2009).

- f. Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. Protected Health Information or PHI shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. Security Incident means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. Security Rule means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- **j.** Subcontractor means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

#### 2. Permitted Uses and Disclosures.

- a. PHI Described. This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. Purposes. Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. Further Uses and Disclosures. Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

#### 3. Obligations of Associate.

- a. Stated Purposes Only. The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. Limited Disclosure. The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. Safeguards. The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
  - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
  - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
  - Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
  - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. Compliance With Law. The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- **e. Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

- f. Support of Individual Rights.
  - i. Access to PHI. Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
  - Amendment of PHI. Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
  - **iii.** Accounting Rights. Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
    - the date of disclosure;
    - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
    - a brief description of the PHI disclosed; and
    - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
  - **iv.** Request for Restriction. Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
  - v. Immediate Discontinuance of Use or Disclosure. The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI. Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance. The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access. The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security. The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- Notification of Breach. During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at <a href="https://www.state.wv.us/admin/purchase/vrc/agencyli.htm">www.state.wv.us/admin/purchase/vrc/agencyli.htm</a> and,

unless otherwise directed by the Agency in writing, the Office of Technology at <a href="mailto:incident@wv.gov">incident@wv.gov</a> or <a href="mailto:https://apps.wv.gov/ot/ir/Default.aspx">https://apps.wv.gov/ot/ir/Default.aspx</a>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. Assistance in Litigation or Administrative Proceedings. The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

#### 4. Addendum Administration.

- a. Term. This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. Duties at Termination. Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

- and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.
- c. Termination for Cause. Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. Judicial or Administrative Proceedings. The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- **e. Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

#### 5. General Provisions/Ownership of PHI.

- a. Retention of Ownership. Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- **b. Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- **C. Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- **d. No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. No Third-Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. Interpretation. The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- **g.** Amendment. The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. Additional Terms and Conditions. Additional discretionary terms may be included in the release order or change order process.

AGREED:	
State of West Virginia	
Name of Agency: WV Purchasing Division	Name of Associate:
Signature:	Signature:
Title:	Title:
Date:	Date:
Form - WVBAA-012004 Amended 06.26.2013	

APPROVED AS TO FORM THIS 20 17

Patrick Morrisey
Attorney General

#### 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:		
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



## **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)

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

#### **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:

Staff Today Inc (STI) 212 E. Rowland Street #313 Covina, CA 91723 (800)-928-5561

FOR INFORMATION CONTACT THE BUYER

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

DATE 06/23/2020 FEIN # 45-3679064 Signature X

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

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

#### **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 INDICA	TED BY ORDER	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATI	ED 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.

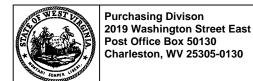
#### **SCHEDULE OF EVENTS**

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

	<b>Document Phase</b>	Document Description	Page 3
SWC200000004	Final	STATEWIDE CONTRACT -TEMPORARY	of 3
		STAFFING SERVICES	

## ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



## State of West Virginia **Request for Quotation**

34 - Service - Prof

Proc Folder: 738312

Doc Description: Addendum\_1: SWC -TEMPORARY STAFFING SERVICES

Proc Type: Statewide MA (Open End)

Version **Date Issued Solicitation Closes Solicitation No** 2020-06-18 2020-06-25 **CRFQ** 0212 SWC2000000004 2 13:30:00

#### **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: Staff Today Inc (STI) 212 E. Rowland Street #313 Covina, CA 91723 (800)-928-5561

FOR INFORMATION CONTACT THE BUYER

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

FEIN # 45-3679064 DATE 06/23/2020 Signature X

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

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

#### ADDITIONAL INFORMATION:

#### ADDENDUM\_1

Addendum\_1 is issued for the following:

1. To publish the Purchasing Division's response to the questions submitted by Vendors during the Technical Questioning period.

No other changes made.

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.

INV	OICE TO		SHIP TO	
1	L STATE AGENCIES ARIOUS LOCATIONS AS INDICATE	ED BY ORDER	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATE	ED BY ORDER
No	o City	WV99999	No City	WV 99999
US	3		US	

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

otulei Specification	Model #
	_
	· · · · · · · · · · · · · · · · · · ·

#### **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**

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

	<b>Document Phase</b>	Document Description	Page 3
SWC200000004	Final	Addendum_1: SWC -TEMPORARY	of 3
		STAFFING SERVICES	

## ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

**REGION 1:** NOTE: If you do not cover entire region, enter XX below the counties where you do supply temporaries.

#### REQUEST FOR QUOTATION CRFQ SWC200000004 TEMP21

**Temporary Staffing Services** 

Hancock	Brooke	Ohio	Marshall	Wetzel	Monongalia	Marion	Harrison	Dodridge	Gilmer	Pleasants	Calhoun	Wirt	Wood	Tyler	Ritchie
	Classi	fication		Worke	r Pay Rate	Withholding Rate		Overhead Rate		Total Rate*					
	Accounting Technician 2			\$	12.00	\$	2.76	\$	1.44	\$	16.20				
	inistrative S			\$	11.00	\$	2.53	\$	1.32	\$	14.85				
Admi	inistrative S	ervices Assi	istant 2	\$	11.75	\$	2.70	\$	1.41	\$	15.86				
	Co	ook		\$	10.00	\$	2.30	\$	1.20	\$	13.50				
	Cust	odian		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
	Data Entry	/ Operator2	<u>)</u>	\$	10.75	\$	2.47	\$	1.29	\$	14.51				
	Executive	e Secretary		\$	13.69	\$	3.15	\$	1.64	\$	18.48				
	Ground	dskeeper		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
	Health Ser	vice Worke	r	\$	13.91	\$	3.20	\$	1.67	\$	18.78				
	Laboratroy	/ Assistant 3	3	\$	15.50	\$	3.57	\$	1.86	\$	20.93				
		orer		\$	10.00	\$	4.30	\$	1.20	\$ 15.50					
	Mail	Runner		\$	10.00	\$	\$ 2.30		1.20	1.20 \$ 13.50					
	Office A	ssistant 2		\$	10.25 \$ 2.3			\$	1.23	\$	13.84				
	Office A	ssistant 3		\$	11.10	\$	2.55	\$	1.33	\$	14.99				
	Para	alegal		\$	14.75	\$	3.39	\$	1.77	\$	19.91				
	Parking	Attendant		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
	Word P	rocessor		\$	10.35	\$	2.38	\$	1.24	\$	13.97				
Ver Cont Phone #:	* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.  Vendor Name: _STAFF TODAY INC (STI) Contact Person: _ABY L. MAMBOLEO Phone #: _800-928-5561														
	877-85														
	Email:LILIAN@STAFFTODAYINC.COMSignature:							Date:	_06/23	/2020					

**REGION 2:** NOTE: If you do not cover entire region, enter XX below the counties where you do supply temporaries.

#### REQUEST FOR QUOTATION CRFQ SWC200000004 TEMP21

**Temporary Staffing Services** 

Mason	Cabell	Wayne	Mingo	Logan	Boone	Lincoln	Kanawha	Putnam	Roane	Jackson			
	Classification			Worke	Pay Rate	Withholding Rate		Overhead Rate		Total Rate*			
<b></b>	Accounting Technician 2			\$	12.00	\$	2.76	\$	1.44	\$	16.20		
Admi	inistrative S	ervices Assis	stant 1	\$	11.00	\$	2.53	\$	1.32	\$	14.85		
Admi	inistrative S	ervices Assi	stant 2	\$	11.75	\$	2.70	\$	1.41	\$	15.86		
	Ci	ook		\$	10.00	\$	2.30	\$	1.20	\$	13.50		
	Cust	odian		\$	10.00	\$	4.30	\$	1.20	\$	15.50		
	Data Entry	Operator2		\$	10.75	\$	2.47	\$	1.29	\$	14.51		
		Secretary		\$	13.69	\$	3.15	\$	1.64	\$	18.48		
		lskeeper		\$	10.00	\$	4.30	\$	1.20	\$	15.50		
		vice Worke		\$	13.91	\$	3.20	\$	1.67	\$	18.78		
		/ Assistant 3	3	\$	15.50	\$	3.57		1.86		20.93		
		orer		\$	10.00	\$	4.30	\$	1.20	\$	15.50		
		Runner		\$	10.00	\$	2.30	\$	1.20	\$	13.50		
		ssistant 2		\$	10.25	\$	2.36	\$	1.23	\$	13.84		
		ssistant 3		\$	11.10	\$	2.55		1.33		14.99		
		alegal		\$	14.75	\$	3.39	\$	1.77	\$	19.91		
		Attendant		\$	10.00	\$	4.30	•	1.20		15.50		
	Word P	rocessor		\$	10.35	\$	2.38	\$	1.24	\$	13.97		
	* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.												
	ndor Name:		DAY INC (ST MAMBOLEO										
	Contact Person: ABY L. MAMBOLEO Phone #: 800-928-5561												
Fax #:													
Email:		TAFFTODA	YINC.COM										
	Signature:	$\mathcal{A}_{h}$	$\overline{}$					Date:	06/23	/2020			

**REGION 3:** NOTE: If you do not cover entire region, enter XX below the counties where you do supply temporaries.

#### REQUEST FOR QUOTATION CRFQ SWC200000004 TEMP21

**Temporary Staffing Services** 

Lewis	Upshur	Randolph	Pendelton	Hardy	Grant	Hampshire	Mineral	Morgan	Berkeley	Jefferson	Tucker	Barbour	Taylor	Preston	
	Classification			Worker Pay Rate Withhole			ling Rate	g Rate Overhead Ra		Total	Rate*				
<b> </b>	Accounting Technician 2			\$	12.00	\$	2.76	\$	1.44	\$	16.20				
	inistrative S			\$	11.00	\$	2.53	\$	1.32	\$	14.85				
Adm	inistrative S	ervices Assi	stant 2	\$	11.75	\$	2.70	\$	1.41	\$	15.86				
	C	ook		\$	10.00	\$	2.30	\$	1.20	\$	13.50				
	Cust	todian		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
	Data Entr	y Operator2	-	\$	10.75	\$	2.47	\$	1.29	\$	14.51				
		e Secretary		\$	13.69	\$	3.15	\$	1.64	\$	18.48				
		dskeeper		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
		vice Worke		\$	13.91	\$	3.20	\$	1.67	\$	18.78				
		y Assistant 3	3	\$	15.50	\$	3.57	\$	1.86	\$	20.93				
		orer		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
		Runner		\$	10.00	\$	2.30	\$	1.20	\$	13.50				
		ssistant 2		\$	10.25		2.36	\$	1.23	\$	13.84				
		ssistant 3		\$	11.10	\$	2.55		1.33	\$	14.99				
		alegal		\$	14.75		3.39	\$	1.77	\$	19.91				
		Attendant		\$	10.00	\$	4.30	\$	1.20	\$	15.50				
	Word F	rocessor		\$	10.35	\$	2.38	\$	1.24	\$	13.97				
* Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.															
	act Person:		/AMBOLEO	·/											
Phone #:															
Fax #: 877-858-6263															
Email:	LILIAN@	STAFFTODA	YINC.COM												
	Signature:	<u></u>	Bal					Date:	06/23	/2020					

**EXHIBIT A** 

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

### REQUEST FOR QUOTATION CRFQ SWC200000004 TEMP21

**Temporary Staffing Services** 

Braxton	Clay	Nicholas	Fayette	Raleigh	Wyoming	McDowell	Mercer	Summers	Greenbrier	Pocahontas	Wesbster	Monroe		
	Classi	fication		Worker Pay Rate Withholding R			ding Rate	Overhe	ad Rate	Total Rate*				
	Accounting Technician 2			\$	12.00	\$	2.76	\$	1.44	\$	16.20			
Admir	nistrative S	ervices Assis	stant 1	\$	11.00	\$	2.53		1.32	\$	14.85			
Admir	nistrative S	ervices Assis	stant 2	\$	11.75	\$	2.70	\$	1.41	\$	15.86			
	Cı	ook		\$	10.00	\$	2.30	\$	1.20	\$	13.50			
	Cust	odian		\$	10.00	•	4.30	\$	1.20	\$	15.50			
	Data Entry	/ Operator2		\$	10.75		2.47		1.29	\$	14.51			
		Secretary		\$	13.69	_	3.15		1.64	•	18.48			
		dskeeper		\$	10.00	_	4.30		1.20	•	15.50			
		vice Worker		\$	13.91		3.20		1.67	-	18.78			
		/ Assistant 3	}	\$	15.50		3.57		1.86		20.93			
		orer		\$	10.00	-	4.30	-	1.20	\$	15.50			
		Runner		\$	10.00	-	2.30		1.20	•	13.50			
		ssistant 2		\$	10.25	_	2.36		1.23		13.84			
		ssistant 3		\$	11.10 14.75		2.55 3.39		1.33		19.91			
		alegal Attendant		\$	10.00		4.30	-	1.77	-	15.50			
				\$	10.35			-	1.24	-	13.97			
* Vendor s	Word Processor \$ 10.35 \$ 2.38 \$ 1.24 \$ 13.97  * Vendor should enter their Worker Rate + Withholding Rate + Overhead Rate and the Total Rate box will automatically calculate.													
Conta Phone #: Fax #:	dor Name: act Person: 800-928 877-85	ABY L. M. 3-5561	ODAY INC (: AMBOLEO YINC.COM	STI)										
9	Signature:	May	77					Date:	06/23/	2020				

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

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Staff Today Inc (STI) Address: 212 E. Rowland St #313
Covina, CA 91723
Name of Authorized Agent: Aby Lilian Mamboleo Address: 212 E. Rowland St #313, Covina, CA 91723
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):
<ol> <li>Subcontractors or other entities performing work or service under the Contract</li> <li>☑ Check here if none, otherwise list entity/individual names below.</li> </ol>
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.
<ul> <li>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)</li> <li>☐ Check here if none, otherwise list entity/individual names below.</li> </ul>
Signature: Date Signed:06/22/2020
Notary Verification
State of <u>ralifornia</u> , County of <u>LOS kngales</u> :
I, Migat plian Nyamorta Mambotto , 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 paralty of parium.
Taken, sworn to and subscribed before me this day of day of,
puase see attached
Notary Public's Signature  To be completed by State Agency:  Date Received by State Agency:  Date submitted to Ethics Commission:  Governmental agency submitting Disclosure:

## JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

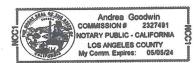
County of LOS Angeles

Subscribed and sworn to (or affirmed) before me on this 27 day of June

2020 by Andrea Grandwin

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



#### **OPTIONAL INFORMATION**

**INSTRUCTIONS** 

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

DESCRIPTION OF THE ATTACHED DOCUMENT West Wiginia Ethics commission

(Title or description of attached document)

Disclosure of interested parties to

Number of Pages 2 Document Date 6 (22 2020)

Additional information

- · State and county information must be the state and county where the
- (Title or description of attached document continued) (CONTRACTS adocument signer(s) personally appeared solved at the signer(s) personally appeared which must also be the same date the jurat process is completed.
  - Print the name(s) of the document signer(s) who personally appear at the time of notarization.
  - Signature of the notary public must match the signature on file with the office of the county clerk.
  - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
    - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
    - Indicate title or type of attached document, number of pages and date.
  - · Securely attach this document to the signed document with a staple.

## West Virginia Ethics Commission



## **Disclosure of Interested Parties to Contracts**

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$1 million or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or "Interested parties" means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

## 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 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: (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: STAFF TODAY INC (STI)			
Authorized Signature: 4MoubSeS		Date: <u>06</u>	22 2020
State of <u>California</u>			
County of LOS Angeles, to-wit:			
Taken, subscribed, and sworn to before me this 22 day	of Johe		_, 20 <u>20</u>
My Commission expires OS OS	, 2024		
AFFIX SEAL HERE	NOTARY PUBLIC	Please	see attached

## JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS Angeles

Subscribed and sworn to (or affirmed) before me on this 22 day of June

20 20 by Andrea Gradwin

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Andrea Goodwin COMMISSION 9 227991 NOTANY PUBLIC - CALIFORNIA COMMISSI

#### **OPTIONAL INFORMATION**

INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT STATE OF WEST MIRGINIA

(Title or description of attached document)

PUTCHOSING

DIVISION — PUTCHOSING

ACCIDANT

(Title or description of attached document continued)

Number of Pages \_\_\_\_ Document Date 6 22 2020

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.