



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 5

List View

- General Information
- Contact
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- Document Information
- Clarification Request

<b>Procurement Folder:</b> 855530	<b>SO Doc Code:</b> CRFQ
<b>Procurement Type:</b> Central Master Agreement	<b>SO Dept:</b> 0613
<b>Vendor ID:</b> VS0000019192	<b>SO Doc ID:</b> VNF2100000020
<b>Legal Name:</b> CYNETH HEALTH INC	<b>Published Date:</b> 3/17/21
<b>Alias/DBA:</b>	<b>Close Date:</b> 3/25/21
<b>Total Bid:</b> \$2,434,480.00	<b>Close Time:</b> 13:30
<b>Response Date:</b> 03/25/2021	<b>Status:</b> Closed
<b>Response Time:</b> 9:44	<b>Solicitation Description:</b> Addendum No. 1 Direct Care Nursing Staffing Services
<b>Responded By User ID:</b> WVCynet	<b>Total of Header Attachments:</b> 5
<b>First Name:</b> Arpit	<b>Total of All Attachments:</b> 5
<b>Last Name:</b> Paul	
<b>Email:</b> arpitp@cynethealth.com	
<b>Phone:</b> 571-645-5910	



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 855530  
**Solicitation Description:** Addendum No. 1  
 Direct Care Nursing Staffing Services  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2021-03-25 13:30	SR 0613 ESR03252100000006575	1

**VENDOR**  
 VS0000019192  
 CYNETH HEALTH INC

**Solicitation Number:** CRFQ 0613 VNF2100000020  
**Total Bid:** 2434480      **Response Date:** 2021-03-25      **Response Time:** 09:44:02  
**Comments:** We have already provided very competitive rates. So we Are not offering any discounts.

**FOR INFORMATION CONTACT THE BUYER**  
 David H Pauline  
 304-558-0067  
 david.h.pauline@wv.gov

<b>Vendor Signature X</b>	<b>FEIN#</b>	<b>DATE</b>
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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	Registered Nurse weekday rate				349830.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:** We have attached Pricing Sheet (Excel) in Attachment Tab.

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Registered Nurse weekend rate				134550.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LPN weekday rate				766700.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	LPN weekend rate				313650.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	CNA weekday rate				621250.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

See Attached

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	CNA weekend rate				248500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

See Attached



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

State of West Virginia  
 Centralized Request for Quote  
 Service - Prof

<b>Proc Folder:</b> 855530		<b>Reason for Modification:</b>	
<b>Doc Description:</b> Addendum No. 1 Direct Care Nursing Staffing Services		Addendum No. 1	
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2021-03-17	2021-03-25 13:30	CRFQ 0613 VNF2100000020	2

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** VS0000019192  
**Vendor Name :** Cynet Health Inc.  
**Address :** 21000 Atlantic Blvd #700  
**Street :** 21000 Atlantic Blvd #700  
**City :** Sterling  
**State :** Virginia **Country :** USA **Zip :** 20166  
**Principal Contact :** Arpit Paul  
**Vendor Contact Phone:** (571) 442-1007 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

David H Pauline  
 304-558-0067  
 david.h.pauline@wv.gov

Vendor  
 Signature X

**FEIN#** 81-1318967

**DATE** March 25, 2021

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

**ADDITIONAL INFORMATION**

Addendum No. 1

1. To respond to vendor questions that are attached.
2. Bid opening remains on 3/25/2021 at 1:30 pm EST.

No other changes.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Registered Nurse weekday rate	7,800		\$44.85	\$349,830.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Registered Nurse weekend rate	3,000		\$44.85	\$134,550.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	LPN weekday rate	22,000		\$34.85	\$766,700.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	LPN weekend rate	9,000		\$34.85	\$313,650.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached



INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	CNA weekday rate	25,000		\$24.85	\$621,250.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached

INVOICE TO		SHIP TO	
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY		VETERAN'S NURSING FACILITY 1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	CNA weekend rate	10,000		\$24.85	\$248,500.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

See Attached

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions Due 2:00 pm EST	2021-03-16

	Document Phase	Document Description	Page
VNF210000020	Final	Addendum No. 1 <input type="checkbox"/> Direct Care Nursing Staffing Services	5

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ VNF210000020**

**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.

Cynet Health Inc.

\_\_\_\_\_  
Company

  
\_\_\_\_\_  
Authorized Signature

March 25, 2021

\_\_\_\_\_  
Date

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

REQUEST FOR QUOTATION - CRFQ VNF21\*20  
Direct Care Staffing Services

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**10. MISCELLANEOUS:**

- 10.1 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:** Pamela Burgos

**Phone Number: Office:** (703) 687 - 7618

**Cell:** (703) 687 - 7618

**Fax:** 866-838-0907

**Email Address:** pamela.b@cynethealth.com


**Exhibit A - CRFQ VNF21\*20**  
**Direct Care Nursing Staffing Pricing Page**

Item No.	Description Of Services	Estimated Hours Per Contract Year	Hourly Rate/ Unit Price	Extended Total
	<b>Base Year One</b>			
	<b>Registered Nurse Shifts - Base Year One</b>			
1	Weekday Rate	7,800	\$ 44.85	\$ 349,830.00
2	Weekend Rate	3,000	\$ 44.85	\$ 134,550.00
	<b>Licensed Practical Nurse Shifts - Base Year One</b>			
4	Weekday Rate	22,000	\$ 34.85	\$ 766,700.00
5	Weekend Rate	9,000	\$ 34.85	\$ 313,650.00
	<b>Certified Nursing Assistant Shifts - Base Year One</b>			
7	Weekday Rate	25,000	\$ 24.85	\$ 621,250.00
8	Weekend Rate	10,000	\$ 24.85	\$ 248,500.00
	<b>Renewal Year One</b>			
	<b>Registered Nurse Shifts - Renewal Year One</b>			
10	Weekday Rate	7,800	\$ 44.85	\$ 349,830.00
11	Weekend Rate	3,000	\$ 44.85	\$ 134,550.00
	<b>Licensed Practical Nurse Shifts - Renewal Year One</b>			
13	Weekday Rate	22,000	\$ 34.85	\$ 766,700.00
14	Weekend Rate	9,000	\$ 34.85	\$ 313,650.00
	<b>Certified Nursing Assistant Shifts - Base Year One</b>			
16	Weekday Rate	25,000	\$ 24.85	\$ 621,250.00
17	Weekend Rate	10,000	\$ 24.85	\$ 248,500.00
	<b>Renewal Year Two</b>			
	<b>Registered Nurse Shifts - Renewal Year Two</b>			
19	Weekday Rate	7,800	\$ 44.85	\$ 349,830.00
20	Weekend Rate	3,000	\$ 44.85	\$ 134,550.00
	<b>Licensed Practical Nurse Shifts - Renewal Year Two</b>			
22	Weekday Rate	22,000	\$ 34.85	\$ 766,700.00

23	Weekend Rate	9,000	\$ 34.85	\$ 313,650.00
	<b>Certified Nursing Assistant Shifts - Renewal Year Two</b>			
25	Weekday Rate	25,000	\$ 24.85	\$ 621,250.00
26	Weekend Rate	10,000	\$ 24.85	\$ 248,500.00

Continued on Next Page

	<b>Renewal Year Three</b>			
	<b>Registered Nurse Shifts - Renewal Year Three</b>			
28	Weekday Rate	7,800	\$ 44.85	\$ 349,830.00
29	Weekend Rate	3,000	\$ 44.85	\$ 134,550.00
	<b>Licensed Practical Nurse Shifts - Renewal Year Three</b>			
31	Weekday Rate	22,000	\$ 34.85	\$ 766,700.00
32	Weekend Rate	9,000	\$ 34.85	\$ 313,650.00
	<b>Certified Nursing Assistant Shifts - Renewal Year Three</b>			
34	Weekday Rate	25,000	\$ 24.85	\$ 621,250.00
35	Weekend Rate	10,000	\$ 24.85	\$ 248,500.00
	<b>Grand Total</b>		<b>\$</b>	<b>9,737,920.00</b>

<b>Vendor Information</b>	
Printed Name	Ashwani Mayur
Title	Co-CEO & CFO
Signature	
Phone	Office: 844-442-5627                      Cell Phone: (703) 728 - 6634
Fax	866-838-0907
Email	<a href="mailto:ash@cynethealth.com">ash@cynethealth.com</a>

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: CYNET HEALTH INC

Authorized Signature: [Signature] Date: 03/25/2021

State of VIRGINIA

County of LOUDOUN, to-wit:

Taken, subscribed, and sworn to before me this 25 day of March, 2021.

My Commission expires Sept, 2023.



NOTARY PUBLIC [Signature]

03/25/2021  
Purchasing Affidavit (Revised 01/19/2018)