



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 6

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 897576

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: VS0000009010

SO Doc ID: VNF2200000001

Legal Name: Wise Medical Staffing Inc

Published Date: 8/26/21

Alias/DBA:

Close Date: 9/1/21

Total Bid: \$10,747,800.00

Close Time: 13:30

Response Date: 08/30/2021

Status: Closed

Response Time: 13:57

Solicitation Description: Direct Care Nursing Staffing Services

Responded By User ID: mpwolfe2

Total of Header Attachments: 6

First Name: Mike

Total of All Attachments: 6

Last Name: Wolfe

Email: mike@wisemedicalstaffir

Phone: 304-593-2512

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Direct Care Nursing Services				10747800.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: This the grand total for 1 base year and 3 renewal years which is 4 total years.

Extended Description:

Open-end contract for Direct Care Nursing Services

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF220000001

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.

WISE MEDICAL STAFFING, INC.
Company

Mike Wolfe
Authorized Signature

8.30.2021
Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF220000001

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 type="checkbox"/> | Addendum No. 1 | <input type="checkbox"/> | Addendum No. 6 |
| <input checked="" 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.

Wise Medical Staffing, Inc.
Company

Mike Wolfe
Authorized Signature

8.30.2021
Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF220000001

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 type="checkbox"/> | Addendum No. 1 | <input type="checkbox"/> | Addendum No. 6 |
| <input type="checkbox"/> | Addendum No. 2 | <input type="checkbox"/> | Addendum No. 7 |
| <input checked="" 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.

Wise Medical Staffing, Inc.
Company

Mike Wolfe
Authorized Signature

8.30.2021
Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF220000001

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 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 checked="" 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.

WISE MEDICAL STAFFING, INC.

Company

Mark Wolfe

Authorized Signature

8.30.2021

Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF2200000001

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 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 checked="" 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.

WISER MEDICAL STAFFING, Inc.
Company

Mike Wolfe
Authorized Signature

8.30.2021
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.

Mike Wolfe / PRESIDENT-CEO
(Name, Title)
MR. MIKE WOLFE, PRESIDENT/CEO
(Printed Name and Title)
2 HEALTH DR., CHILLICOTHE, OH 45601
(Address)
PH. 740-775-4108 FAX 740-775-3733
(Phone Number) / (Fax Number)
mike@wisemedicalstaffing.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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

WISE MEDICAL STAFFING, INC.
(Company)
Mike Wolfe MIKE WOLFE, PRESIDENT/CEO
(Authorized Signature) (Representative Name, Title)
MIKE WOLFE, PRESIDENT / CEO
(Printed Name and Title of Authorized Representative)
8.30.2021
(Date)
740-775-4108 - 740-775-3733
(Phone Number) (Fax Number)

CRFQ VNF22*01 Exhibit-A Revision 2 dated August 26, 2021

DirectCareNursingStaffingPricingPage

Item No.	Description Of Services	Estimated Per-Diem Shifts Per Contract Year (Note: Each shift is normally 12 hours)	Rate per Hour	Multiplied by 12 Hours to calculate Per Diem (Daily Rate)		Extended Total (Estimate Shifts x Daily Rate)
	BaseYearOne					
	Registered Nurse Shifts-Base Year One					
1	Weekday Rate	650	49.00	12	588	382200
2	Weekend Rate	250	49	12	588	147000
	Licensed Practical Nurse Shifts-Base Year One					
4	Weekday Rate	1,834	38	12	456	836304
5	Weekend Rate	750	38	12	456	342000
	Health Service Worker/Certified Nursing Assistant Shifts-Base Year One					
7	Weekday Rate	2,084	27	12	324	675216
8	Weekend Rate	834	27	12	324	270216
	Renewal Year One					
	Registered Nurse Shifts-Renewal Year One					
10	Weekday Rate	650	49	12	588	382200

11	Weekend Rate	250	49	12	588	147000
	Licensed Practical Nurse Shifts-Renewal Year One					
13	WeekdayRate	1,834	38	12	456	836304
14	WeekendRate	750	38	12	456	342000
	Health Service Worker/Certified Nursing Assistant Shifts-Renewal Year One					
16	Weekday Rate	2,084	27	12	324	675216
17	Weekend Rate	834	27	12	324	270216
	Renewal Year Two					
	Registered Nurse Shifts-Renewal Year Two					
19	Weekday Rate	650	49	12	588	382200
20	WeekendRate	250	49	12	588	147000
	LicensedPracticalNurseShifts-RenewalYearTwo					
22	WeekdayRate	1,834	38	12	456	836304
23	Weekend Rate	750	38	12	456	342000
	Health Service Worker/Certified Nursing Assistant Shifts-Renewal Year Two					
25	Weekday Rate	2,084	28	12	336	700224

26	Weekend Rate	834	28	12	336	280224
	Renewal Year Three					
	Registered Nurse Shifts-Renewal Year Three					
28	WeekdayRate	650	49	12	588	382200
29	WeekendRate	250	49	12	588	147000
	Licensed Practical Nurse Shifts-Renewal Year Three					
31	Weekday Rate	1,834	39	12	468	858312
32	Weekend Rate	750	39	12	468	351000
	Health Service Worker/Certified Nursing Assistant Shifts - Renewal Year Three					
34	Weekday Rate	2,084	29	12	348	725232
35	Weekend Rate	834	29	12	348	290232
				Grand Total		10747800
Vendor Information						
Printed Name						
Title		Company:				
Signature						

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: Wise Medical Staffing, Inc.

Authorized Signature: Kate Wolfe Date: 8/30/2021

State of Ohio

County of Ross, to-wit:

Taken, subscribed, and sworn to before me this 30 day of August, 2021

My Commission expires December 25, 2024

AFFIX SEAL HERE

NOTARY PUBLIC

Chasity Blakeslee



CHASITY BLAKESLEE
Notary Public
State of Ohio
My Comm. Expires
December 25, 2024

Purchasing Affidavit (Revised 01/19/2018)



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

Proc Folder: 897576			Reason for Modification: Addendum No. 5 - To provide Exhibit A Pricing Page Revision 2 dated August 26, 2021
Doc Description: Direct Care Nursing Staffing Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-08-26	2021-09-01 13:30	CRFQ 0613 VNF2200000001	6

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000009010
Vendor Name : Wise Medical Staffing, Inc.
Address :
Street : 6 Health Drive
City : Chillicothe
State : Ohio **Country :** USA **Zip :** 45601
Principal Contact : Mike Wolfe
Vendor Contact Phone: 740-775-4108 **Extension:** 310

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X *Mike Wolfe* **FEIN#** 30-0011726 **DATE** 8.30.2021

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

ADDITIONAL INFORMATION

Addendum No. 5

To provide Exhibit A Pricing Page Revision 2 dated August 26, 2021 to correct errors in formulas on the spreadsheet, see attached.

To move bid opening 09/01/2021 at 1:30 pm.

No other changes.

INVOICE TO**SHIP TO**DIVISION OF VETERANS
AFFAIRS
1 FREEDOMS WAYVETERAN'S NURSING
FACILITY
1 FREEDOMS WAYCLARKSBURG WV
USCLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Direct Care Nursing Services				

Comm Code**Manufacturer****Specification****Model #**

85101601

Extended Description:

Open-end contract for Direct Care Nursing Services

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions due 10:00 am	2021-08-09

	Document Phase	Document Description	Page
VNF220000001	Final	Direct Care Nursing Staffing Services	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions