



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

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

Procurement Folder: 1120188

Procurement Type: Central Master Agreement

Vendor ID: 000000109245

Legal Name: JAYKAY INC

Alias/DBA: JAYKAY INC

Total Bid: \$0.00

Response Date: 10/19/2022

Response Time: 16:16

Responded By User ID: MichelleMc

First Name: Michelle

Last Name: McCarty

Email: mmccarty@jaykaymedic

Phone: 8004425441

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2300000004

Published Date: 10/18/22

Close Date: 10/27/22

Close Time: 13:30

Status: Closed

Solicitation Description: Prequalification of Vendors for DCSS

Total of Header Attachments: 1

Total of All Attachments: 1



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:** 1120188  
**Solicitation Description:** Prequalification of Vendors for DCSS  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2022-10-27 13:30	SR 0613 ESR10192200000001974	1

**VENDOR**  
 000000109245  
 JAYKAY INC

**Solicitation Number:** CRFQ 0613 VNF2300000004  
**Total Bid:** 0  
**Response Date:** 2022-10-19  
**Response Time:** 16:16:21  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

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

**Vendor Signature X** **FEIN#** **DATE**

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	Nursing services	0.00000	DAY	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

**Commodity Line Comments:**

**Extended Description:**

Prequalification of Vendors for Direct Care Staffing Service



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: 1120188		Reason for Modification: Addendum No. 1	
Doc Description: Prequalification of Vendors for DCSS			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-10-18	2022-10-27 13:30	CRFQ 0613 VNF2300000004	2

**BID RECEIVING LOCATION**

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

**VENDOR**

Vendor Customer Code:  
 Vendor Name : JAYKAY MEDICAL STAFFING  
 Address : 2058 CLASSIQUE LANE  
 Street : CLASSIQUE LANE  
 City : TAVARES  
 State : FLORIDA Country : UNITED STATES Zip : 32778  
 Principal Contact : NANCY MALIKA  
 Vendor Contact Phone: 800-442-5441 Ext. 122 Extension: 122

**FOR INFORMATION CONTACT THE BUYER**

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

Vendor Signature X *[Signature]*

FEIN# 200131316

DATE 10/19/2022

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

**ADDITIONAL INFORMATION**

Addendum No. 1

To publish responses to vendor technical questions, see attached.

Bid opening remains October 27, 2022 at 1:30 pm est.

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	Nursing services	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
85101601			

**Extended Description:**

Prequalification of Vendors for Direct Care Staffing Service

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Dub by 11:00 am est.	2022-10-18

	Document Phase	Document Description	Page
VNF2300000004	Draft	Prequalification of Vendors for DCSS	3

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

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

(Printed Name and Title) Nancy Malika

(Address) 2058 Classique Lane, Tavares FL 32778

(Phone Number) / (Fax Number) 800-442-5441 Ext 122 Fax 800-805-9016

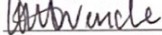
(email address) Nmalika@Jaykaymedicalstaffing.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

JayKay Services Incorporated (JayKay Medical Staffing) \_\_\_\_\_

(Company)



(Signature of Authorized Representative)

Nancy Malika Procurement Manager \_\_\_\_\_

(Printed Name and Title of Authorized Representative) (Date)

800-442-5441 Ext. 122 Fax 800-805-9016 \_\_\_\_\_

(Phone Number) (Fax Number)

Nmalika@Jaykaymedicalstaffing.com \_\_\_\_\_

(Email Address)



**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ VNF230000004**

**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.

JAYKAY MEDICAL STAFFING

Company

*[Signature]*

Authorized Signature

10/19/2022

Date

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