



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.



Go



Header 5

List View

General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 1239129

Procurement Type: Central Master Agreement

Vendor ID: 000000109245

Legal Name: JAYKAY INC

Alias/DBA: JAYKAY INC

Total Bid: \$38.50

Response Date: 06/22/2023

Response Time: 15:43

Responded By User ID: MichelleMc

First Name: Michelle

Last Name: McCatty

Email: mmccarty@jaykaymedicalsta

Phone: 8004425441

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2300000015

Published Date: 6/16/23

Close Date: 6/26/23

Close Time: 13:30

Status: Closed

Solicitation Description: Food Service Cafeteria Workers

Total of Header Attachments: 5

Total of All Attachments: 5



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: 1239129
Solicitation Description: Food Service Cafeteria Workers
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2023-06-26 13:30	SR 0613 ESR06222300000006501	1

VENDOR
 000000109245
 JAYKAY INC

Solicitation Number: CRFQ 0613 VNF2300000015

Total Bid: 38.5 **Response Date:** 2023-06-22 **Response Time:** 15:43:54

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	Food Service Cafeteria Workers Hourly Rate - Week Day	0.00000			38.50

Comm Code	Manufacturer	Specification	Model #
85101600			

Commodity Line Comments: Weekday hourly rate

Extended Description:

Week Day hourly rate
Insert rate for One (1) hour



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: 1239129			Reason for Modification: Addendum No. 1
Doc Description: Food Service Cafeteria Workers			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-06-09	2023-06-26 13:30	CRFQ 0613 VNF2300000015	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 :
 Address :
 Street :
 City :
 State : Country : Zip :
 Principal Contact :
 Vendor Contact Phone: Extension:

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

Vendor Signature X *[Handwritten Signature]* FEIN# 200131316 DATE 6/20/23

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

ADDITIONAL INFORMATION

Addendum No. 1

1. To clarify and add information regarding mandatory working hours for Food Service Workers by adding the following to the Specifications:

Section 2, specifically 2.16: Definition of "Mandate"

Section 4, specifically 4.1.5.4 Addition of mandate to fill 12.5 hours daily

Section 4, specifically 4.1.5.5 Addition of mandate to work over to fill in as needed.

Section 4, specifically 4.1.5.6 renumbered due to insertion of new 4.1.5.4

See full text of amended Specifications attached to Addendum Number 1 as "ATTACHMENT A".

2. To move Vendor Technical Questions Due Date to June 15, 2023, at 11:00 am., est.

3. Bid Opening Date Remains: June 26, 2023, 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
US

CLARKSBURG WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Food Service Cafeteria Workers Hourly Rate - Week Day	0.00000			

Comm Code	Manufacturer	Specification	Model #
85101600			

Extended Description:

Week Day hourly rate

Insert rate for One (1) hour

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Technical Questions Due By 11:00 am., est.	2023-06-15

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF2300000015

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 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.

JayKay Services dba JayKay Medical Staffing
Company

[Signature]

Authorized Signature

06/20/2023

Date

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

EXHIBIT "A"
REQUEST FOR QUOTATION
Food Service Cafeteria Workers Staffing Services

11. MISCELLANEOUS:

- 11.1 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor(s) should list its Contract Manager and his or her contact information below.

Name: Nancy Malika

Title: General Manager

Office Phone: (800) 442-5441

Cell Phone: (909) 372-6382

Fax Number: (800) 805-9016

Email Address: nmalika@jaykaymedicalstaffing.com

- 11.2 Emergency Contact:** During its performance of this Contract, Vendor must designate and maintain an emergency contact responsible for any staffing issues that may arise outside of normal business hours. The Emergency contact number must be answered or responded to within 2 hours on any given day or time, including weekends or holidays. Vendor shall supply its Emergency contact information upon request.

Name: Diana Gayi

Title: Senior Recruiter + Account Manager

Office Phone: (352) 508-6570

Cell Phone: (352) 348-0480

Fax Number: (800) 805-9016

Email Address: diana.gayi@jaykaymedicalstaffing.com

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- Contract Manager

(Address) 2054 Classique Lane, Tavares Florida 32778

(Phone Number) / (Fax Number) (800) 442-5441 / (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 dba JayKay Medical Staffing

(Company) *Nancy Malika*

(Signature of Authorized Representative)

Nancy Malika- Contract Manager 6/23/2023

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

(800) 442-5441 / (800) 805-9016

(Phone Number) (Fax Number)

nmalika@jaykaymedicalstaffing.com

(Email Address)

Exhibit-A

Food Service Cafeteria Workers Staffing Services

Item No.	Description Of Services	Hourly Rate	Estimated hours per year (based on 5 workers every day)	Total Item Cost
Base Year One				
1	Weekday Hourly Rate	\$ 38.50 -	14950	\$ 575,575.00
2	Weekend Hourly Rate	\$ 40.50 -	5980	\$ 242,190.00
3	Holiday Hourly Rate	\$ 55.00 -	403	\$ 22,105.00
4	Other Important Dates Hourly Rate	\$ 55.00 -	345	\$ 18,975.00
Renewal Year One				
5	Weekday Hourly Rate	\$ 39.50 -	14950	\$ 590,525.00
6	Weekend Hourly Rate	\$ 41.50 -	5980	\$ 248,170.00
7	Holiday Hourly Rate	\$ 56.00 -	403	\$ 22,568.00
8	Other Important Dates Hourly Rate	\$ 56.00 -	345	\$ 19,320.00
Renewal Year Two				
9	Weekday Hourly Rate	\$ 40.50 -	14950	\$ 605,475.00
10	Weekend Hourly Rate	\$ 42.50 -	5980	\$ 254,150.00
11	Holiday Hourly Rate	\$ 58.50 -	403	\$ 23,575.50
12	Other Important Dates Hourly Rate	\$ 58.50 -	345	\$ 20,182.50
Renewal Year Three				
13	Weekday Hourly Rate	\$ 41.50 -	14950	\$ 620,425.00
14	Weekend Hourly Rate	\$ 43.50 -	5980	\$ 260,130.00
15	Holiday Hourly Rate	\$ 58.50 -	403	\$ 23,575.50
16	Other Important Dates Hourly Rate	\$ 58.50 -	345	\$ 20,182.50
Grand Total:				\$ 3,567,184.00

Vendor Information	
Printed Name	Nancy Malika Title: Contract Manager
Signature:	<i>[Handwritten Signature]</i>
Company:	Jaykay Services dba Jaykay Medical Staffing
Address:	2054 Classique Lane, Tavares, Florida 32778
Phone:	Office: (800) 442-5441 Cell: (909) 372-6382
Email:	nmalika@jaykaymedicalstaffing.com