



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 | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1397508

Procurement Type: Central Master Agreement

Vendor ID: VS0000045508

Legal Name: AppddictionStudio Limited Liability Company

Alias/DBA: Appddiction Studio LLC

Total Bid: \$0.00

Response Date: 04/03/2024

Response Time: 20:50

Responded By User ID: tporter

First Name: Timothy

Last Name: Porter

Email: tporter@appddictionstudio

Phone: 2108599677

SO Doc Code: CRFQ

SO Dept: 0618

SO Doc ID: BVH240000002

Published Date: 3/26/24

Close Date: 4/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA

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: 1397508
Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-04-04 13:30	SR 0618 ESR04012400000005640	1

VENDOR
 VS0000045508
 AppddictionStudio Limited Liability Company

Solicitation Number: CRFQ 0618 BVH2400000002
Total Bid: 0
Response Date: 2024-04-03
Response Time: 20:50:33
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	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR	73664.150000	0.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: The Unit Price is the total from Cell G15 of the attached Exhibit "A" Pricing Page - CRFQ BVH24*02

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing.
 Contract Nursing Services RN, LPN, HSA

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) _____

(Address) _____

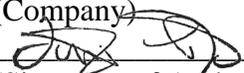
(Phone Number) / (Fax Number) _____

(email address) _____

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.

(Company)



(Signature of Authorized Representative)

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

(Phone Number) (Fax Number)

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BVH240000002

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:

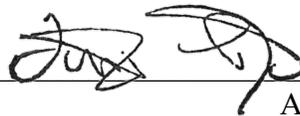
(Check the box next to each addendum received)

- | | | | |
|-------------------------------------|----------------|--------------------------|-----------------|
| <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.

Appdiction Studio LLC

Company



Authorized Signature

April 3, 2024

Date

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



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: 1397508
Doc Description: Open End Purchase For Contract Temporary RN, LPN, HSA
Proc Type: Central Master Agreement

Reason for Modification:

Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-20	2024-04-04 13:30	CRFQ 0618 BVH2400000002	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: Vendor
Name : Appddiction Studio LLC
Address : 17211
Street : Jones Maltsberger Rd.
City : San Antonio
State : Texas **Country :** United States **Zip :** 78247
Principal Contact : Timothy M. Porter
Vendor Contact Phone: (210) 859-9677 **Extension:**

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X  **FEIN#** 45-2777899 **DATE** April 3, 2024

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

ADDITIONAL INFORMATION

The State of West Virginia Purchasing Division, is soliciting bids for the West Virginia Veterans Home Barboursville, WV, to establish an open-end contract for Temporary RN, LPN, HSA Employee's located 512 Water St, Barboursville WV 25504, per the attached documentation.

INVOICE TO		SHIP TO	
WEST VIRGINIA VETERANS HOME 512 WATER ST BARBOURSVILLE WV US		WEST VIRGINIA VETERANS HOME 512 WATER ST BARBOURSVILLE WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85101601			

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing.

Contract Nursing Services RN, LPN, HSA

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Vendor Technical Questions Due By 11:00 am., est.	2024-03-26

	Document Phase	Document Description	Page
BVH2400000002	Final	Open End Purchase For Contract Temporary RN, LPN, HSA	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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: 1397508		Reason for Modification:	
Doc Description: Open End Purchase For Contract Temporary RN, LPN, HSA		Addendum No. 1	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-26	2024-04-04 13:30	CRFQ 0618 BVH2400000002	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: Vendor
Vendor Name : Appddiction Studio LLC
Address : 17211
Street : Jones Maltsberger Rd.
City : San Antonio
State : Texas **Country :** United States **Zip :** 78247
Principal Contact : Timothy M. Porter
Vendor Contact Phone: (210) 859-9677 **Extension:**

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X  **FEIN#** 45-2777899 **DATE** April 3, 2024

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ADDITIONAL INFORMATION

Addendum No. 1

To provide responses to the vendor technical questions, see attached.

Bid opening remains April 4, 2024, at 1:30 pm., est.

No other changes.

INVOICE TO**SHIP TO**WEST VIRGINIA VETERANS
HOME
512 WATER STWEST VIRGINIA VETERANS
HOME
512 WATER STBARBOURSVILLE WV
USBARBOURSVILLE WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR		

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

85101601

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing.

Contract Nursing Services RN, LPN, HSA

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Questions Due By 11:00 am., est.	2024-03-26

	Document Phase	Document Description	Page
BVH2400000002	Final	Open End Purchase For Contract Temporary RN, LPN, HSA	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

EXHIBIT "A" PRICING PAGE - CRFQ BVH24*02

TEMPORARY NURSING STAFFING SERVICES

To use this pricing page electronically enter the "rate per hour" in each cell as a dollar value and the spreadsheet should fill in the totals automatically. Should the spreadsheet not automatically calculate the totals or you complete this on paper you would need to multiply the estimated annual usage hours by the rate per hour to get the extended price. It is understood through the specifications that the overtime rate is 1.5 times the regular hourly rate for that classification. A 1.5 multiplier will be assigned to each vendor hourly rate by the evaluation committee to verify the Overtime rate bid is correct. Once lines 1 - 9 have their extended price add all the extended prices together to get the total for the bid.

Item #	Description	Quantity	Cost Per Hour	Extended Cost
1	Temporary RN Regular Hours	300	\$62.31	\$18,692.31
2	Temporary RN Holiday Rate	24	\$105.58	\$2,533.85
3	Temporary LPN Regular Hours	500	\$42.69	\$21,346.15
4	Temporary LPN Holiday Rate	56	\$71.54	\$4,006.15
5	Temporary HSA Regular Hours	700	\$28.13	\$19,694.23
6	Temporary HSA Holiday Rate	56	\$46.40	\$2,598.62
7	Temporary RN Overtime Rate (RN)	24	\$93.46	\$2,243.08
8	Temporary LPN Overtime Rate (LPN)	24	\$64.04	\$1,536.92
9	Temporary HSA Overtime Rate	24	\$42.20	\$1,012.85
Failure to use this form may result in disqualification				\$73,664.15