



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.

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General Information

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Procurement Folder: 1453834

Procurement Type: Central Master Agreement

Vendor ID: VS0000041736



Legal Name: INFICARE HEALTH INC

Alias/DBA:

Total Bid: \$85.00

Response Date: 07/16/2024



Response Time: 9:16

Responded By User ID: Inficare



First Name: Sumer

Last Name: Mathur

Email: govt@inficare.com

Phone: 7039451800

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2400000015

Published Date: 7/2/24

Close Date: 7/16/24

Close Time: 13:30

Status: Closed

Solicitation Description: Nurse Practioner

Total of Header Attachments: 4

Total of All Attachments: 4



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: 1453834
Solicitation Description: Nurse Practioner
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-07-16 13:30	SR 0613 ESR07162400000000391	1

VENDOR
VS0000041736
INFICARE HEALTH INC

Solicitation Number: CRFQ 0613 VNF2400000015
Total Bid: 85
Response Date: 2024-07-16
Response Time: 09:16:12

Comments: InfiCare (www.infiCareHealth.com), incorporated in 2001, is a National Minority Supplier certified by the National Minority Supplier Development Council (NMSDC), a Minority Business Enterprise (MBE), and a Joint Commission Certified with a Gold Seal of Approval. We are an ISO 9001-certified Healthcare Staff Augmentation Services provider headquartered in the Washington, DC, metro region. We have extensive experience providing temporary healthcare staffing services to various Government agencies, Niche Companies, and Fortune 500 Commercial clients across the United States (US).
InfiCare has expanded rapidly in terms of temporary healthcare staffing services, and now we support many healthcare clients including various Veterans Home across the US. Our staffing processes are built to be a one-stop shop for our clients. We currently service several clients coast to coast that require a wide range of talent in the healthcare domain. We continue to successfully cater to their per diem healthcare staffing requirements by providing them with skilled personnel on their various assignments on short notice, making them suitable for conditions with fluctuating staffing needs.
InfiCare clients include small healthcare facilities, Veterans' Homes and Hospitals, Nursing Homes, Long-Term Care Facilities, global conglomerates, major retailers, insurance firms, hospitals, and health systems. In the last year, we have closed over several hundred positions in the Healthcare domain.

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				85.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments: InfiCare has uploaded the duly filled Exhibit A-Pricing on the portal.

Extended Description:
Nurse Practioner for the WVVNF

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) _____

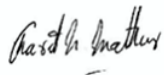
(Phone Number) / (Fax Number) _____

(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) _____

SOLICITATION NUMBER: CRFQ VNF2400000015

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ VNF2400000015 to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought.
- ☒ To respond to technical questions
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

Additional Documentation:

1. To respond to vendor technical questions, see attached.
2. Bid opening date and time remains July 16, 2024, at 1:30 pm., est.
3. No other changes.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF2400000015

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:

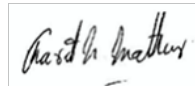
(Check the box next to each addendum received)

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

Inficare Health Inc.

Company



Authorized Signature

July 16, 2024

Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	CONTACT NAME: Joe Flaherty PHONE (A/C, No. Ext): (847) 908-8719 E-MAIL ADDRESS: Joe.Flaherty@MarshMMA.com FAX (A/C, No): (847) 440-9126
INSURED Inficare Health, Inc. 22375 Broderick Dr. Sterling VA 20166	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insuran INSURER B : Carolina Casualty INSURER C : Beazley Insurance Company INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:** 913975602**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK2614630	10/16/2023	10/16/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2614630	10/16/2023	10/16/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB885864	10/16/2023	10/16/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	KEY0162416	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	Crime (incl. 3rd Party) Professional Liability Cyber Liability			PHPK2614630 PHPK2614630 V36517230101	10/16/2023 10/16/2023 12/15/2023	10/16/2024 10/16/2024 12/15/2024	Limit: \$100,000 Claim: \$2,000,000 Limit: \$5,000,000 Agg: \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

Healthcare Liability applies per the Allied Healthcare Endorsement on the Professional Liability Policy.

CERTIFICATE HOLDER**CANCELLATION**

Sample COI

*

*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

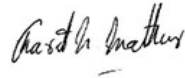
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Exhibit A - Pricing Page - CRFQ VNF24*15
Nurse Practitioner

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Total
1	Nurse Practitioner Hourly Rate	1,250	\$85.00	\$ 106,250.00
			Grand Total	\$ 106,250.00

*Estimated number of hours is not guaranteed.

*Time for calls during non-working hours must be allocated for in the vendors total bid. Specifications 4.28

Vendor Information			
Vendor:	InfiCare Health Inc.	Printed Name:	Charit Mathur
Address:	22375 Broderick Drive, #225,	Title:	Vice President
	Dulles, VA 20166 - 9347	*Signature	
Office Phone:	(703) 945-1800	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone:	(571) 246-3799		
Fax:	(703) 260-6465	Email:	charit@inficare.com