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 1

List View

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

Procurement Folder: 2029895

Procurement Type: Central Master Agreement

Vendor ID: VS0000002170

Legal Name: CELL STAFF LLC

Alias/DBA:

Total Bid: $1.00

Response Date: 08/18/2026

Response Time: 13:20

Responded By User ID: CELLSTAFF

First Name: Rami

Last Name: Isa

Email: BIDS@CELLSTAFF.COM

Phone: 855-561-1715

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2700000001

Published Date: 8/19/26

Close Date: 8/26/26

Close Time: 13:30

Status: Closed

Solicitation Description: Direct Care Staffing Services

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:	2029895
Solicitation Description:	Direct Care Staffing Services
Proc Type:	Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2026-08-26 13:30	SR 0613 ESR08182600000001088	1

VENDOR

VS0000002170
CELL STAFF LLC

Solicitation Number: CRFQ 0613 VNF2700000001

Total Bid: 1 **Response Date:** 2026-08-18 **Response Time:** 13:20:04

Comments:

FOR INFORMATION CONTACT THE BUYER
Jessica L Riley
304-558-0246
jessica.l.riley@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	Direct Care Staffing Services				1.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

Open-end contract for Direct Care Staffing Services

	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** **Service - Prof**

Proc Folder: 2029895	**Reason for Modification:**
Doc Description: Direct Care Staffing Services	
Proc Type: Central Master Agreement	

Date Issued	Solicitation Closes	Solicitation No	Version
2026-08-05	2026-08-20 13:30	CRFQ 0613 VNF2700000001	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000002170
Vendor Name : Cell Staff, LLC
Address : 1715 N. Westshore Blvd, STE 525
Street : Tampa
City : FL
State : **Country :** USA **Zip :** 33607
Principal Contact : Rami Isa
Vendor Contact Phone: 855 4662803 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Jessica L Riley
304-558-0246
jessica.l.riley@wv.gov

Vendor Signature X RTS **FEIN#** 46-4652038 **DATE** 8/18/26

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

REQUEST FOR QUOTATION

CRFQ VNF27*01

DIRECT CARE STAFFING SERVICES

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11. MISCELLANEOUS:

11.1. **Manager:** Vendors must designate and maintain a primary manager responsible for overseeing Vendor's responsibilities under the Agreement. The manager must be available during normal business hours to address any customer service or other issues related to the agreement. Vendor shall supply its Manager contact information upon request.

11.2. **Emergency Contact:** Vendors 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. Vendors shall supply its emergency contact information upon request.

Contract Manager: Erik Dokker

Office Manager: Eric Parker

Cell Number: 855 392 9310

Fax Number: 813 433 5159

Email Address: Contracts@cellstaff.com

Exhibit A - Pricing Page
Direct Care Staffing Services

Registered Nurse (RN)

for the time period of:

September 14, 2026 through September 13, 2027

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Subtotal
1	Weekday Regular Rate	1,950	64.80	$ 126,360 -
2	Weekend Regular Rate	750	64.80	$ 48,600 -
			Grand Total	$ 174,960 -

***Estimated number of hours is not guaranteed. There may be multiple awards and estimated hours may be dispersed amongst multiple vendors. See the Specifications for additional information.**

- **Actual number of hours needed will be sent separately, to lowest bidder first, then next lowest, etc.**
- **Vendor must complete, sign and return this Pricing Page.**
- **Pertinent Pricing information:**
  - Shift Differential - see Section 2.22 (extra $1 per hour worked between 3:00 p.m. and 7:00 a.m)
  - Weekend - see Section 2.26 (hours between Saturday at 12:01 a.m. and Sunday at midnight)
  - Work Week - see Section 2.27 (the 7 day period beginning Saturday at 12:01 a.m. and ending the following Friday at midnight)
  - Vendor Accessibility - see Section 3.2 (Vendor shall be accessible 24/7, including weekends and holidays)
  - Multiple Awards - see Section 4.1
  - Staff qualifications - see Section 4 (entire section)
  - Unpaid staff training - see Section 4.10.2 (if staff does not work after training, the time in training will not be paid)
  - Holiday Pay - see Section 4.30 (will be 2 times the regular rate for up to 8 hours)
  - Other Important Dates - see Section 4.32 (will be 1.5 times the regular rate for up to 8 hours)
  - Overtime - see Section 4.34 (paid at 1.5 times the regular rate only after 40 hours worked in a work week)

Vendor Information

Vendor:	Cell Staff, LLC	***Printed Name**	Rami Isa
Address:	1715 N. Westshore Blvd STE 525 Tampa, FL 33607	Title	Managing Partner
		***Signature**	
Office Phone:	855 561 1715	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone	855 466 2803		
Fax	813 433 5159	Email:	Contracts@cellstaff.com

Exhibit A - Pricing Page
Direct Care Staffing Services

Licensed Practical Nurse (LPN)

for the time period of:

September 14, 2026 through September 13, 2027

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Subtotal
1	Weekday Regular Rate	5,500	54.80	$ 301,400 -
2	Weekend Regular Rate	2,250	54.80	$ 123,300 -
			Grand Total	$ 424,700 -

***Estimated number of hours is not guaranteed. There may be multiple awards and estimated hours may be dispersed amongst multiple vendors. See the Specifications for additional information.**

- **Actual number of hours needed will be sent separately, to lowest bidder first, then next lowest, etc.**
- **Vendor must complete, sign and return this Pricing Page.**
- **Pertinent Pricing information:**
  - Shift Differential - see Section 2.22 (extra $1 per hour worked between 3:00 p.m. and 7:00 a.m)
  - Weekend - see Section 2.26 (hours between Saturday at 12:01 a.m. and Sunday at midnight)
  - Work Week - see Section 2.27 (the 7 day period beginning Saturday at 12:01 a.m. and ending the following Friday at midnight)
  - Vendor Accessibility - see Section 3.2 (Vendor shall be accessible 24/7, including weekends and holidays)
  - Multiple Awards - see Section 4.1
  - Staff qualifications - see Section 4 (entire section)
  - Unpaid staff training - see Section 4.10.2 (if staff does not work after training, the time in training will not be paid)
  - Holiday Pay - see Section 4.30 (will be 2 times the regular rate for up to 8 hours)
  - Other Important Dates - see Section 4.32 (will be 1.5 times the regular rate for up to 8 hours)
  - Overtime - see Section 4.34 (paid at 1.5 times the regular rate only after 40 hours worked in a work week)

Vendor Information

Vendor:	Cell Staff, LLC	***Printed Name**	Rami Isa
Address:	1715 N. Westshore Blvd STE 525 Tampa, FL 33607	Title	Managing Partner
		***Signature**	
Office Phone:	855 561 1715	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone	855 466 2803		
Fax	813 433 5159	Email:	Contractsecellstaff.com

Exhibit A - Pricing Page
Direct Care Staffing Services

Health Service Worker (HSW)

for the time period of:

September 14, 2026 through September 13, 2027

Item No.	Description Of Services	Estimated Hours*	Hourly Rate	Subtotal
1	Weekday Regular Rate	6,250	36.80	$230,000.-
2	Weekend Regular Rate	2,500	36.80	$ 92,000.-
			Grand Total	$ 322,000.-

***Estimated number of hours is not guaranteed. There may be multiple awards and estimated hours may be dispersed amongst multiple vendors. See the Specifications for additional information.**

- **Actual number of hours needed will be sent separately, to lowest bidder first, then next lowest, etc.**
- **Vendor must complete, sign and return this Pricing Page.**
- **Pertinent Pricing information:**
  - Shift Differential - see Section 2.22 (extra $1 per hour worked between 3:00 p.m. and 7:00 a.m)
  - Weekend - see Section 2.26 (hours between Saturday at 12:01 a.m. and Sunday at midnight)
  - Work Week - see Section 2.27 (the 7 day period beginning Saturday at 12:01 a.m. and ending the following Friday at midnight)
  - Vendor Accessibility - see Section 3.2 (Vendor shall be accessible 24/7, including weekends and holidays)
  - Multiple Awards - see Section 4.1
  - Staff qualifications - see Section 4 (entire section)
  - Unpaid staff training - see Section 4.10.2 (if staff does not work after training, the time in training will not be paid)
  - Holiday Pay - see Section 4.30 (will be 2 times the regular rate for up to 8 hours)
  - Other Important Dates - see Section 4.32 (will be 1.5 times the regular rate for up to 8 hours)
  - Overtime - see Section 4.34 (paid at 1.5 times the regular rate only after 40 hours worked in a work week)

Vendor Information

Vendor:	Cell Staff, LLC	***Printed Name**	Rami Isa
Address:	1715 N. Westshore Blvd STE 525 Tampa, FL 33607	Title	Managing Partner
		***Signature**	RI
Office Phone:	8555611715	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone	855 4606 2803		
Fax	813 433 5159	Email:	Contracts@cellstaff.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) Erik Dokken, Vice President

(Address) 1715 N. Westshore Blvd STE 525, Tampa, FL 33607

(Phone Number) / (Fax Number) 855-561-1715/813-433-5159

(email address) Contracts@cellstaff.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, 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.

Cell Staff, LLC
(Company)

(Signature of Authorized Representative)
Rami Isa, Managing Partner
(Printed Name and Title of Authorized Representative) (Date)
855-466-2803/813-433-5159
(Phone Number) (Fax Number)
Contracts@cellstaff.com
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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)

[ ] Addendum No. 1	[ ] Addendum No. 6
[ ] Addendum No. 2	[ ] Addendum No. 7
[ ] Addendum No. 3	[ ] Addendum No. 8
[ ] Addendum No. 4	[ ] Addendum No. 9
[ ] Addendum No. 5	[ ] 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 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.

Cell Staff, LLC

Company

Authorized Signature

8-18-26

Date

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