



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:

Legal Name: ONESTAFF MEDICAL LLC

Alias/DBA:

Total Bid: \$0.00

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

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:

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 ESR08192600000001124	1

VENDOR
VS0000013452
ONESTAFF MEDICAL LLC

Solicitation Number: CRFQ 0613 VNF2700000001
Total Bid: 0
Response Date: 2026-08-19
Response Time: 12:10:59
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				0.00

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		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:
Vendor Name :
Address :
Street :
City :
State :
Principal Contact :
Vendor Contact Phone:

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

Vendor Signature X 	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

The West Virginia Purchasing Division, is soliciting bids on behalf of the WV Veterans Nursing Facility, to establish an open-end contract for Direct Care Staffing Services to include RN's LPN's and HSW's per the attached specifications, pricing pages and documentation.

INVOICE TO**SHIP TO**

DIVISION OF VETERANS
AFFAIRS

1 FREEDOMS WAY

CLARKSBURG

WV

US

VETERAN'S NURSING
FACILITY

1 FREEDOMS WAY

CLARKSBURG

WV

US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Direct Care Staffing Services				

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

85101601

Extended Description:

Open-end contract for Direct Care Staffing Services

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions Deadline: 08/12/2026 at 10:00AM	2026-08-12

REQUEST FOR QUOTATION

CRFQ VNF27*01

DIRECT CARE STAFFING SERVICES

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: _____

Office Manager: _____

Cell Number: _____

Fax Number: _____

Email Address: _____

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		\$ -
2	Weekend Regular Rate	750		\$ -
			Grand Total	\$ -

*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)

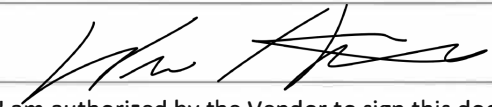
Vendor Information	
Vendor:	*Printed Name _____
Address:	Title _____
	*Signature  _____
Office Phone:	*I hereby certify I am authorized by the Vendor to sign this document.
Cell Phone	
Fax	Email: _____

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		\$ -
2	Weekend Regular Rate	2,250		\$ -
			Grand Total	\$ -

*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: _____	*Printed Name _____
Address: _____	Title _____
	*Signature 
Office _____	*I hereby certify I am authorized by the Vendor to sign this document.
Phone: _____	
Cell Phone _____	
Fax _____	Email: _____

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		\$ -
2	Weekend Regular Rate	2,500		\$ -
Grand Total				\$ -

*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: _____	*Printed Name _____
Address: _____	Title _____
Office _____	*Signature 
Phone: _____	*I hereby certify I am authorized by the Vendor to sign this document.
Cell Phone _____	
Fax _____	Email: _____