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: VS0000010799

Legal Name: PRIME TIME HEALTHCARE LLC

Alias/DBA:

Total Bid: $842,000.00

Response Date: 08/19/2026

Response Time: 17:24

Responded By User ID: Primetime

First Name: Jennifer

Last Name: Syphers

Email: proposals@primetimehealth

Phone: 402-505-5168

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 ESR08192600000001149	1

VENDOR

VS0000010799
PRIME TIME HEALTHCARE LLC

Solicitation Number: CRFQ 0613 VNF2700000001

Total Bid: 842000 **Response Date:** 2026-08-19 **Response Time:** 17:24:10

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				842000.00

Comm Code	Manufacturer	Specification	Model #
85101601			

Commodity Line Comments:

Extended Description:

Open-end contract for Direct Care Staffing Services

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	$65	$126,750
2	Weekend Regular Rate	750	$65	$48,750
			Grand Total	$175,500

***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:	Prime Time Healthcare	***Printed Name**	Jennifer Syphers
Address:	18010 Burt Street	Title	VP of Business Development
	Elkhorn, NE 68022	***Signature**	Jennifer Syphers
Office Phone:	402-933-6700	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone			
Fax	402-933-6710	Email:	proposals@primetimehealthcare.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	$51	$280,500
2	Weekend Regular Rate	2,250	$51	$114,750
			Grand Total	$395,250

***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.**

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- **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:	Prime Time Healthcare	***Printed Name**	Jennifer Syphers
Address:	18010 Burt Street	Title	VP of Business Development
	Elkhorn, NE 68022	***Signature**	Jennifer Syphers
Office Phone:	402-933-6700	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone			
Fax	402-933-6710	Email:	proposals@primetimehealthcare.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	$31	$193,750
2	Weekend Regular Rate	2,500	$31	$77,500
			Grand Total	$271,250

***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:	Prime Time Healthcare	***Printed Name**	Jennifer Syphers
Address:	18010 Burt Street	Title	VP of Business Development
	Elkhorn, NE 68022	***Signature**	Jennifer Syphers
Office Phone:	402-933-6700	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone			
Fax	402-933-6710	Email:	proposals@primetimehealthcare.com

CERTIFICATE *of* SIGNATURE

REF. NUMBER
DYT5V-BBZXP-ALNWH-DNVNP

DOCUMENT COMPLETED BY ALL PARTIES ON
19 AUG 2026 21:06:05
UTC

SIGNER	TIMESTAMP	SIGNATURE
JENNIFER SYPHERS EMAIL JSYPHERS@PRIMETIMEHEALTHCARE.COM	SENT 19 AUG 2026 21:00:51 VIEWED 19 AUG 2026 21:05:47 SIGNED 19 AUG 2026 21:06:05	 IP ADDRESS 24.51.60.171 LOCATION BLAIR, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
19 AUG 2026 21:05:47