



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
VNF1033

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE 304-558-2544

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR

DIVISION OF VETERANS AFFAIRS
VETERANS NURSING FACILITY

ONE FREEDOMS WAY
CLARKSBURG, WV
26301 **304-627-2415**

SHIP TO

DATE PRINTED
12/12/2013

BID OPENING DATE: **01/02/2014** **BID OPENING TIME 01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 1		
0001	1	LS		964-65		
				NURSE STAFFING SERVICES		
***** THIS IS THE END OF RFQ VNF1033 ***** TOTAL:						

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: VNF1033
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as VNF1033 ("Solicitation") 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
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. Pricing page attached.
2. To add the follow subsection to the specifications –

4.1.2.11 LPNs must work a 12-hour shift when on duty.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

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.

VNF1033 Nurse Staffing Services - Pricing Page

Item No.	Description of Services	Estimated # of Hours	Unit Price	Extended Price
	Registered Nurse Shifts			
1	Regular Rate	2,500		
2	Overtime Rate	500		
3	Holiday Rate	144		
	Licensed Practical Nurse Shifts			
7	Regular Rate	25,000		
8	Overtime Rate	520		
9	Holiday Rate	144		
	Certified Nursing Assistant Shifts			
13	Regular Rate	2,520		
14	Overtime Rate	520		
15	Holiday Rate	144		

GRAND TOTAL: _____

This is a progressive award contract and the award will be made to the Vendors with the lowest GRAND TOTALS to the highest GRAND TOTAL (respectively) meeting the required mandatory specifications. EXAMPLE: Lowest will be Vendor "A", second lowest will be VENDOR "B" And so on

Use of this contract will work the same. Agency must contact the lowest bid first and if they cannot provide the agency needs within the time frame allowed in the attached specifications, Agency will then contact the next bidder and so on, until one of the Vendors awarded the contract, can cover he immediate needs.

The number of hours is only an estimation to be used for bid, we may require more or less hours than stated above.

Vendor Name: _____
 Contact Name: _____
 Address: _____

Phone No.: _____
 Fax No.: _____

000003

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: VNF1033

000004

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 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.

Company

Authorized Signature

Date

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