

The following purchase order is agency specific. For piggy-backing opportunities you must contact the buyer.



King County

Finance and Business Operations Division  
Procurement and Contract Services Section  
Department of Executive Services

CNK-ES-0340  
3rd Floor  
401 5th Avenue  
Seattle, WA 98104

206-263-9400  
206-296-7676 Fax  
TTY Relay: 771  
[www.kingcounty.gov](http://www.kingcounty.gov)

VENDOR:

AUXILIARY MEDICAL & DENTAL STAFFING LLC  
419 35TH AVE S  
SEATTLE, WA 98144

SHIP TO

KC DEPARTMENT OF EXEC SERVICES  
PROCUREMENT-GOODS & SERVICES  
401 5TH AVE, CNK-ES0340  
SEATTLE, WA 98104  
United States

BILL TO

KC DEPT OF EXECUTIVE SERVICES  
ACCOUNTS PAYABLE, 3RD FLOOR  
401 5TH AVE, CNK-ES0320  
SEATTLE, WA 98104  
United States

Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
521768	0	1
THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CARTONS AND CORRESPONDENCES RELATED TO THIS ORDER.		
CREATION DATE	BUYER	
06-SEP-11	V Nakamichi	
DATE OF REVISION	BUYER	

CUSTOMER ACCT #	VENDOR NO	PAYMENT TERMS	FREIGHT TERMS	F.O.B	SHIP VIA
	40583	Net30days	Paid	Destination	UPS

CONFIRM TO / TELEPHONE	REQUESTOR / DELIVER TO
(206) 890-0150	

LINE	PART NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	T
	CALL OUT ORDER BY JOB TITLE						
#3	ADVANCED REGISTERED NURSE PRACTITIONER				BILLABLE RATE/HR \$53.25/HR		
#2	ADVANCED REGISTERED NURSE PRACTITIONER-JAIL				\$58.46/HR		
#3	LICENSED PRACTICAL NURSE				\$37.46/HR		
#3	LICENSED PRACTICAL NURSE-JAIL				\$40.30/HR		
#3	PUBLIC HEALTH NURSE				\$47.43/HR		
#3	PUBLIC HEALTH NURSE-JAIL				\$51.77/HR		
#3	REGISTERED NURSE				\$44.98/HR		
#2	REGISTERED NURSE-JAIL				\$48.95/HR		
#8	MEDICAL ASSISTANT				\$33.00/HR		
#6	HEALTH CARE ASSISTANT				\$33.00/HR		
*	FURNISH TEMPORARY, SHORT TERM NURSING SERVICES, AS REQUESTED BY VARIOUS KING COUNTY DEPARTMENTS, DIVISIONS AND AGENCIES DURING THE PERIOD SEPTEMBER 20TH, 2011 THROUGH SEPTEMBER 19TH, 2014, IN ACCORDANCE WITH KING COUNTY ITB #1155-11 VZN AND RESPONDING BID OF AUXILIARY MEDICAL & DENTAL STAFFING, LLC, BOTH INCORPORATED BY REFERENCE AS IF FULLY SET FORTH HEREIN.						

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS. THIS ORDER IS SUBJECT TO ALL THE TERMS AND CONDITIONS ON THE FRONT AND BACK HEREOF.

Required invoice information: Ship to Address, Mailstop, Requestor's Name, Purchase Order Number, Contract Number (if applicable), Line Item Number, description and Unit Price as stated on the purchase order. Missing information may result in payment delays.

ACCEPTANCE:

This purchase order expressly limits acceptance to the terms and conditions stated herein.

TOTAL

Authorized signature



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Finance and Business Operations Division  
Procurement and Contract Services Section  
Department of Executive Services

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SHIP TO

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BILL TO

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Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
521768	0	2
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CREATION DATE	BUYER	
06-SEP-11	V Nakamichi	
DATE OF REVISION	BUYER	

Fax Server

3/004

PAGE

9/8/2011 8:48:56 AM

King County

CUSTOMER ACCT#	VENDOR NO. 40583	PAYMENT TERMS Net30days	FREIGHT TERMS Paid	FOB Destination	SHIP VIA UPS
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CONFIRM TO / TELEPHONE	(206) 890-0150	REQUESTOR / DELIVER TO
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LINE	PART NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	1
	<p>* This purchase order number 521768 is being issued as a replacement/continuation purchase order for B23434B and becomes effective January 1, 2012. All invoices must reflect purchase order #521768 when submitting for payment starting January 1, 2012. All terms and conditions of the solicitation and resultant purchase order being replaced remain unchanged.</p> <p>Purchase Agreement Effective From: 20-SEP-11 To: 19-SEP-14</p>						
		Amount Agreed:					

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS. THIS ORDER IS SUBJECT TO ALL THE TERMS AND CONDITIONS ON THE FRONT AND BACK HEREOF.

Required invoice information: Ship to Address, Mailstop, Requestor's Name, Purchase Order Number, Contract Number (if applicable), Line Item Number, description and Unit Price as stated on the purchase order. Missing information may result in payment delays.

ACCEPTANCE:

This purchase order expressly limits acceptance to the terms and conditions stated herein.

TOTAL

Authorized signature

**PURCHASE ORDER  
GENERAL TERMS AND CONDITIONS**

**Compliance:** By acceptance of this order, the vendor warrants full compliance with all applicable local, state or federal laws and regulations including specific statutory requirements of Federal Agencies. Upon request, the purchasing agent will provide applicable contract terms and conditions.

**Acceptance/Changes:** All goods or materials purchased hereunder are subject to approval by King County. No substitutions or changes of any nature under this purchase order will be accepted unless approved in writing by King County.

**Inspections:** By acceptance of this order, vendor grants the right to Buyer to make periodic visits to the vendor's plant or their subcontractor's for inspection of materials or to determine actual progress of manufacture.

**Change Orders:** Change orders modifying the terms and conditions herein will be without effect unless issued and authorized in writing by King County.

**Cancellation:** The County may cancel any purchase order or any part thereof by written notice at any time, without penalty, if the vendor fails to comply with the terms, specifications, delivery/completion date or to perform the work with diligence.

**Invoices:** Invoices must reference the purchase order number.

All vendors licensed to do business in Washington State must bill King County for applicable tax. Indicate discount terms to the County for prompt payment. Discount period to be extended if the invoice is returned for correction or clarification.

**Shipping Instructions:** All shipments must contain a packing slip. Unless other wise specified, all goods are to be shipped prepaid, FOB Destination. Where shipping addresses indicate room numbers, the Vendor shall make delivery to that location at no additional charge, including, but not limited to delivery, packing and or crating.

**Warranty:** The Vendor warrants that all products delivered under this purchase order shall be free from defects in material and workmanship, and shall be fit for the intended purpose. This warrantee is in addition to any standard warranty or guarantee give by vendor to the County. All products determined by King County to be defective shall be replaced within 15 days of notice by King County.

All costs of replacement, including shipping charges shall be borne by the Vendor. Vendor warrants that the merchandise is free and clear of all liens and encumbrances and that vendor has a good and marketable title to same. Vendor warrants that the equipment, materials or service on this order do not infringe any patent, registered trademark or copyright and agrees to hold King County harmless in the event of any infringement or claim thereof.

**Certification Regarding Debarment, Suspension and Other Responsibility**

**Matters:** By providing goods or services under this purchase order, the Contractor agrees to comply with the requirements of 49 CFR 29, Subpart C while this offer is valid and throughout the period of any Contract that may arise from this Contract. The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

**Order of Precedence:** When this purchase order is issued subsequent to the results of a request for bid or proposal, the terms and conditions contained in the solicitation or resulting contract shall control.



Department of Executive Services  
 Finance and Business Operations Division  
**Procurement and Contract Services Section**  
 206-263-9400 TTY Relay: 711

# Invitation to Bid

ADVERTISED DATE: JUNE 9, 2011

Invitation to Bid (ITB) Title: Temporary Personnel, Short Term Nursing Services

ITB Number: 1155-11 VZN

Due Date: June 30, 2011 - 2:00 p.m.

Buyer: Victoria Nakamichi, vicki.nakamichi@kingcounty.gov, 206-263-9299

Alternate Buyer: Cathy Robinson, cathy.robinson@kingcounty.gov; 206-263-9311

### Term Service Requirement

Furnish short term nursing personnel services as requested by Public Health, Seattle and King County personnel in accordance with the attached instructions, requirements and specifications.

**PRE-BID CONFERENCE:**

**DATE: JUNE 16, 2011**

**TIME: 10:30 AM**

**KING COUNTY PROCUREMENT SERVICES, 401 FIFTH AVENUE, 3<sup>RD</sup> FL, ROOM 310, SEATTLE, WA 98104**

Sealed Bids are hereby solicited and will **only** be received by:  
 King County Procurement Services Section  
 Chinook Building, 3rd Floor  
 401 Fifth Avenue  
 Seattle, WA 98104  
 Office Hours: 8:00 a.m. – 5:00 p.m.  
 Monday - Friday

**BIDDERS SHALL COMPLETE AND SIGN THE FORM BELOW.**

We acknowledge that **Addenda** numbered 1.0 to 6.5 have been examined as part of the Contract documents. The submittal is signed by an authorized representative of the Bidder accepting all terms and conditions contained in the bid and any addenda. We acknowledge that attaching our terms and conditions or modifying the ITB terms and conditions may result in our bid being rejected.

Company Name

Auxiliary Medical and Dental Staffing, LLC

Address

City/State /Postal Code

419 35th Ave S., Seattle, WA 98144

Seattle, WA 98144

Signature

Print name and title

Howard Crabtree, CEO/Pharmacist

Email

Phone

Fax

contact@auxiliarymedicaldental.com 206-890-0150

888-458-8818

SCS/DBE Certification Number → 1194

Application submitted March 29, 2011 to John Trausch's office via hand delivery.)

Upon request, this Invitation to Bid will be provided in alternative formats such as Braille, large print, audiocassette or computer disk for individuals with disabilities.

**SECTION 6 Bid Response**

**6.1 Rules of Price Evaluation**

Bids determined to have met all requirements stated herein will be evaluated based upon the bill rate offered.

**6.2 Prompt Pay Discount**

Prompt payment discounts offered by Contractors shall be used to calculate the low bid provided the discount offered allows a minimum of 20 days for payment. The number of days is calculated from the date of acceptance of goods or services or from the date a complete invoice is date stamped as received by King County, whichever event occurs last, and the check/warrant date. King County will take advantage of any prompt payment discount terms bid. Discount periods shall be extended if:

- A. The date printed on the invoice is more than three days earlier than the invoice receipt date;
- B. The delay is caused awaiting a credit memo, invoice correction, adjustment or reissue;
- C. An invoice is received prior to receiving goods ordered.

Prompt pay discount offered  0  % -   Days, Net  15

**6.3 Account Representative**

List local account representative and office below:

Name:  Howard Crabtree

Address:  419 35th Ave S., Seattle, WA 98144

Telephone:  206-890-0150

After Hours Contact:  206-890-0150

After Hours Telephone:  206-890-0150

**6.4 Qualifications and References**

To be eligible for award, bidders shall be a bona fide staffing firm with prior successful experience in providing temporary nursing personnel, on an on-going basis, for the disciplines bid upon and have the capability of filling multiple positions. Bidders shall be licensed to conduct business in the State of Washington, and shall possess all permits, certifications, licenses, equipment and personnel to carry out the terms and conditions of the contract.

List the names and addresses of four (4) customers, for whom the bidder has provided similar services, preferably in Washington State, for a period not less than one (1) year. Include dates, contact persons and telephone numbers. Should any reference submitted by a bidder be found unsatisfactory, King County, at its sole option, may reject that bidder's bid. King County shall be the sole judge in determining a satisfactory/unsatisfactory reference response. **References must be submitted with bid.**

**6.5 Pricing**

- A. **Minimum Wage Rate:** Established by the County.
- B. **Proposed Wage Rate:** Rate proposed by Bidders to compensate each temporary employee assigned to King County. Does not include Contractor's overhead. The proposed hourly wage rate shall be equal to or above the minimum wage rate. **Bidders proposing wage rates less than the minimum wage rate and/or on a sliding scale will be disqualified.**
- C. **Billable Rate:** Rate the County will pay for a temporary employee. Includes the proposed wage rate and the Contractor's overhead for all business related operating costs, include benefits (if offered), rents, utilities, profit, taxes, etc.
- D. Bidders shall use tables below to provide rate information. Bidders may submit bids for any or all items listed. **Rate sheets submitted other than those provided in bid document will not be accepted.**
- E. All rates shall be rounded to the nearest hundredth of a dollar (\$00.00).
- F. Once accepted by the County, failure to compensate personnel at the minimum wage rates shall be reason for contract termination. Contractor shall notify the County in advanced before changing any proposed wage rates.
- G. It is the County's intent to award multiple contracts for this service on a call-out order. The bidder offering the lowest bill rate, per item number, will be designated the No. 1 Contractor and will be called first. If the No. 1 Contractor cannot fill the request, other Contractors will be called in their designated order.

Item No.	Job Title	Wage Rate (Minimum)	Proposed Wage Rate (per hour)	Proposed Billable Rate (per hour)
1.	Advanced Registered Nurse Practitioner	\$34.75	\$ 34.75	\$ 53.25
2.	Advanced Registered Nurse Practitioner - Jail	\$39.96	\$ 39.96	\$ 58.46
3.	Licensed Practical Nurse	\$18.96	\$ 18.96	\$ 37.46
4.	Licensed Practical Nurse - Jail	\$21.80	\$ 21.80	\$ 40.30
5.	Public Health Nurse	\$28.93	\$ 28.93	\$ 47.43
6.	Public Health Nurse - Jail	\$33.27	\$ 33.27	\$ 51.77
7.	Registered Nurse	\$26.48	\$ 26.48	\$ 44.98
8.	Registered Nurse - Jail	\$30.45	\$ 30.45	\$ 48.95
9.	Medical Assistant	\$18.37	\$ 18.37	\$ 33.00
10.	Health Care Assistant	\$18.37	\$ 18.37	\$ 33.00

SCS Certified ID# 1194.