

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

VENDOR:

HEALTH PROS NORTHWEST INC
883A SOUTH MARKET ST
CHELALIS, WA 98532

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
521895	0	1
THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CARTONS AND CORRESPONDENCES RELATED TO THIS ORDER.		
CREATION DATE	BUYER	
07-SEP-11	V Nakamichi	
DATE OF REVISION	BUYER	

CUSTOMER ACCT #	VENDOR NO	PAYMENT TERMS	FREIGHT TERMS	F.O.B	SHIP VIA
	40581	Net30days	Paid	Destination	UPS

CONFIRM TO / TELEPHONE	REQUESTOR / DELIVER TO
(360) 996-4487	

JHE	PART NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	T
	Call Out Order by Job Title	Billable Rate/hr					
	#11 Advanced Registered Nurse Practitioner	\$78.00/hr					
	#11 Advanced Registered Nurse Practitioner-Jail	\$83.00/hr					
	#4 Licensed Practical Nurse	\$38.00/hr					
	#5 Licensed Practical Nurse-Jail	\$42.00/hr					
	#5 Public Health Nurse	\$54.00/hr					
	#5 Public Health Nurse-Jail	\$56.00/hr					
	#4 Registered Nurse	\$50.00/hr					
	#5 Registered Nurse-Jail	\$55.00/hr					
	#3 Medical Assistant	\$30.00/hr					
	#3 Health Care Assistant	\$30.00/hr					
	* Prompt Pay Discount: 2% 21 Days, Net 30						
	* 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 Health Pros Northwest, Inc.,						

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

King County 9/8/2011 8:31:12 AM PAGE 2/004 Fax Server



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Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
521895	0	2

THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CARTONS AND CORRESPONDENCES RELATED TO THIS ORDER.

CREATION DATE	BUYER
07-SEP-11	V Nakamichi

DATE OF REVISION	BUYER

CUSTOMER ACCT #	VENDOR NO	PAYMENT TERMS	FREIGHT TERMS	FOB	SHIP VIA
	40581	Net30days	Paid	Destination	UPS

CONFIRM TO / TELEPHONE	REQUESTOR / DELIVER TO
(360) 996-4487	

LINE	PART NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	T
	both incorporated by reference as if fully set forth herein. * This purchase order number 521895 is being issued as a replacement/continuation purchase order for B23444B and becomes effective January 1, 2012. All invoices must reflect purchase order #521895 when submitting for payment starting January 1, 2012. All terms and conditions of the solicitation and resultant purchase order being replaced remain unchanged.						
	Purchase Agreement Effective From: 20-SEP-11 To: 19-SEP-14						
		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
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King County 9/8/2011 8:31:12 AM PAGE 3/004 Fax Server

**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.



King County

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, 3RD
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 **to** 3 **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

Health Pros Northwest, inc.

Address

280 SE Winchester Hill Drive

City/State /Postal Code

Chehalis, WA 98532

Signature

Print name and title

Matthew Noren, President

Email

matt@healthprosnw.com

Phone

360-996-4487

Fax

360-996-4389

SCS/DBE Certification Number

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 2 % - 21 Days, Net 30

6.3 Account Representative

List local account representative and office below:

Name: Matthew Noren

Address: 280 SE Winchester Hill Drive

Chehalis, WA 98532

Telephone: (360) 996-4487

After Hours Contact: Matthew Noren

After Hours Telephone: (360) 996-4487

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	\$ 55	\$ 78
2.	Advanced Registered Nurse Practitioner - Jail	\$39.96	\$ 60	\$ 83
3.	Licensed Practical Nurse	\$18.96	\$ 24	\$ 38
4.	Licensed Practical Nurse - Jail	\$21.80	\$ 28	\$ 42
5.	Public Health Nurse	\$28.93	\$ 34	\$ 54
6.	Public Health Nurse - Jail	\$33.27	\$ 39	\$ 56
7.	Registered Nurse	\$26.48	\$ 32	\$ 50
8.	Registered Nurse - Jail	\$30.45	\$ 37	\$ 55
9.	Medical Assistant	\$18.37	\$ 20	\$ 30
10.	Health Care Assistant	\$18.37	\$ 20	\$ 30