

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

State of West Virginia Master Agreement

Order Date: 09-18-2024

CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.

Order Number:	CMA 0613 9905 VNF2300000005 4	Procurement Folder:	1087853
Document Name: Respiratory Supplies, Equipment and Maintenance		Reason for Modification:	
Document Description:	Respiratory Supplies, Equipment and Maintenance	Change Order No. 03 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:		· · · · · · · · · · · · · · · · · · ·	
Shipping Method:	Best Way	Effective Start Date:	2022-09-26
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-09-25

		VENDOR			DEPARTMENT CONTACT
RESP	or Customer Code: PIRATORY THERAPY 6TH ST	000000210246 SERVICES LLC		Requestor Name: Requestor Phone: Requestor Email:	Heather L. Brunton (304) 558-3661 heather.l.brunton@wv.gov
	BAR or Contact Phone: ount Details:	304-766-9357 Extensi	25064 ion:		2025
	Discount Allowed	Discount Percentage	Discount Days	FI	LE LOCATION
#1	No	0.0000	0	_	
#2	No				
#3	No				
#4	No			_	

	NVOICE TO		SHIP TO
DIVISION OF VETERANS AFFAIR	S	VETERAN'S NURSING FACIL	ITY
1 FREEDOMS WAY		1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
us		US	

9-25-2461

Total Order Amount: Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: 9 9.25.74

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: /

Page: 1

ELECTRONIC SIGNATURE ON FILE

Date Printed: Sep 18, 2024 Order Number: CMA 0613 9905 VNF2300000005 4

FORM ID: WV-PRC-CMA-002 2020/01

Extended Description:

Change Order

Change Order No. 03 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 9/26/2024 through 9/25/2025.

Renewal Years Remaining: 1

No Other Changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42000000			EA	0.000000
	Service From	Service To		Service Conf	tract Amount
	2022-09-26	2025-09-25	Commodity Ln Discontinued	0.00	

Commodity Line Description:

DO NOT USE Respiratory therapy supplies, equipment and maint

Extended Description:
LINE DISCONTINUED. SEE COMMODITY LINE 2.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85161505				0.000000
	Service From	Service To		Service Conf	tract Amount
	2022-09-26	2025-09-25		0.00	

Commodity Line Description:

Respiratory therapy supplies, equipment and maintenance

Extended Description:

Respiratory therapy supplies, equipment and maintenance.

See attached pricing page.

Date Printed: Sep 18, 2024 Order Number: CMA 0613 9905 VNF2300000005 4 Page: 2 FORM ID: WV-PRC-CMA-002 2020/01



West Virginia Veterans Nursing Facility One Freedoms Way Clarksburg WV 26301

September 13, 2024

Paula Vineyard Respiratory Therapy Services LLC 522 16th St Dunbar, WV 25064

RE: Renewal AMA 0613 9905 VNF23*05

Dear Ms. Vineyard,

Regards,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 9/26/2024 to 9/25/2025. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600 .

Michael Clarenege	
Michael Clevenger	
Procurement Supervisor	
pricing as in the original Purchase Order and an	· · · · · · · · · · · · · · · · · · ·
parta s. vinguel	09/16/2024
SIGNATURE	DATE
Paula S. Vineyard, Owner	
PRINT NAME	

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

Purchasing Division Use:	Agency:
Buyer: 8 Date: _09/17/2024	WVVNF
Solicitation NoCMA VNF23*05	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNF23*05
	PF No.: 1087853

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included		V		
2	Use of correct specification template		V		
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	\square	V		
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	\square	V		
5	Maximum budgeted amount in wvOASIS		V		
6	Suggested vendors in wvOASIS		V		
7	Capitol Building Commission pre-approval			V	
8	Financing (Governor's Office) pre-approval			V	
9	Fleet Management Division pre-approval			7	

Form No. WV-36 Rev. 10/26/2022

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability			V	
	Automobile Liability			✓	
	Workers' Compensation/Employer's Liability			7	
	Cyber Liability			V	
	Builder's Risk/Installation Floater			/	
	Professional Liability			✓	
	Other (specify)			✓	
11	Office of Technology CIO pre-approval			7	
12	Treasurer's Office (banking) pre-approval			7	
FOR	CHANGE ORDERS/RENEWALS	•			
1	Two-party agreement	\square	✓		/
2	Standard change order language		V		✓
3	Office of Technology CIO approval			7	V
4	Justification for price increases/backdating/other			V	V
5	Bond Rider (Construction)			✓	\checkmark
6	Secretary of State Verification		✓		\checkmark
7	State debarment verification	Ø	V		✓
8	Federal debarment verification		V		✓
o com agency	ems pre-checked are required before a Purchase F plete and verify this documentation may result in procurement officer to determine if pre-approval erenced information below may be used to make	rejection of the ls, insurance, or	requisition back to other documentat	o the agency. It is	up to the
I have My rev	reviewed the requisition identified above and fin rew does not preclude the possibility that the ver rn; however, should such issues or concerns arise	ndor community	, or some other er	itity, will identify a	n area of
	Signature: Daw	W F	Paul	me	

Form No. WV-36 Rev. 10/26/2022

Addresses			
Туре	Address		
Designated Office Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309		
Mailing Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA		
Notice of Process Address	PAULA S. VINEYARD 624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309		
Principal Office Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA		
Туре	Address		

Officers			
Туре	Name/Address		
Member	PAULA VINEYARD 522 16TH STREET DUNBAR, WV, 25064		
Organizer	KINETIC HEALTH CARE, LLC 111 MAIN STREET RIPLEY, WV, 25271 USA		
Organizer	PAULA VINEYARD 442 STRAWBERRY ROAD SAINT ALBANS, WV, 25177 USA		
Туре	Name/Address		

DBA			
DBA Name	Description	Effective Date	Termination Date
ELANA HEALTH	TRADENAME	6/13/2008	
LOOP MEDICAL	TRADENAME	11/1/2018	
DBA Name	Description	Effective Date	Termination Date

Annual Reports

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Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

RESPIRATORY THERAPY SERVICES, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	9/27/1999		9/27/1999	Domestic	Profit		9/7/2074	

Business Purpose	6216 - Health Care and Social Assistance - Ambulatory Health Care Services - Home Health Care Services	Capital Stock	
Charter County	Kanawha	Control Number	15099
Charter State	WV	Excess Acres	
At Will Term	Т	Member Managed	MBR
At Will Ferm Years	75	Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Filed For
2024
2023
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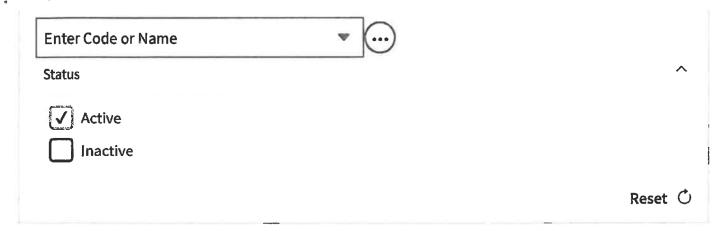
For more information, please contact the Secretary of State's Office at 304-558-8000.

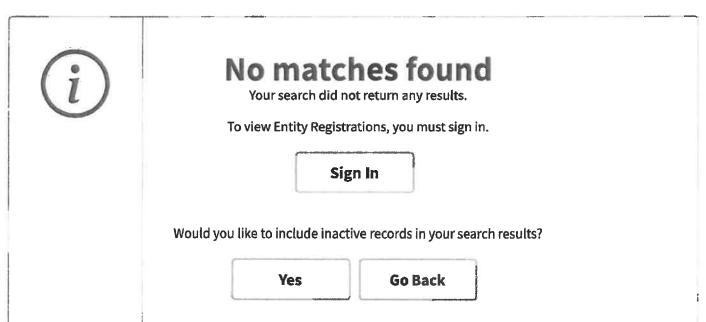
Monday, September 16, 2024 — 9:47 AM

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1	Important Reps and Certs Update Show Details Jul 18, 2024		\otimes	See All Alerts	
	Entity validation Show Details Sep 10, 2024	\otimes	Colleged (
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Federal Organizations







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