



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

State of West Virginia Purchase Order

Order Date: 12-23-2024

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: | CPO 0613 9905 VNF2400000002 3 | Procurement Folder: | 1340250 |
| Document Name: | Flooring Replacement Contract | Reason for Modification: Change Order No. 2 to Extend and Increase Contract. | |
| Document Description: | Construction Flooring Replacement Contract | | |
| Procurement Type: | Central Purchase Order | | |
| Buyer Name: | David H Pauline | | |
| Telephone: | 304-558-0067 | | |
| Email: | david.h.pauline@wv.gov | | |
| Shipping Method: | Best Way | Effective Start Date: | 2024-09-30 |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: | 2025-05-31 |

| VENDOR | | | | DEPARTMENT CONTACT | |
|------------------------------------|------------------|---------------------|---------------|---|--|
| Vendor Customer Code: 000000229169 | | | | Requestor Name: Michael A Clevenger | |
| CONTINENTAL FLOORING CO | | | | Requestor Phone: 304-626-1600 | |
| 9319 N 94TH WAY STE 1000 | | | | Requestor Email: michael.a.clevenger@wv.gov | |
| SCOTTSDALE | | AZ | 85258 | | |
| US | | | | | |
| Vendor Contact Phone: 999-999-9999 | | Extension: | | | |
| Discount Details: | | | | | |
| | Discount Allowed | Discount Percentage | Discount Days | | |
| #1 | No | 0.0000 | 0 | | |
| #2 | No | | 0 | | |
| #3 | No | | 0 | | |
| #4 | No | | 0 | | |
| | | | | 2025 | |
| | | | | FILE LOCATION _____ | |

| INVOICE TO | SHIP TO |
|---|---|
| DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US | VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US |

CR 2-4-25

Purchasing Division's File Copy

Total Order Amount: \$151,707.76

| | | |
|--|---|--|
| PURCHASING DIVISION AUTHORIZATION DATE: <i>2-4-25</i> ELECTRONIC SIGNATURE ON FILE | ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>2/4/2025</i> ELECTRONIC SIGNATURE ON FILE | ENCUMBRANCE CERTIFICATION DATE: <i>2-5-25</i> ELECTRONIC SIGNATURE ON FILE |
|--|---|--|

Extended Description:

Change Order.

Change Order No. 2 is issued to extend and increase the original contract to 05/31/2025 according to all terms, conditions, prices, and specifications contained in the original contract including all authorized change orders. The extension of this contract is provided to extend timelines and increase cost for unforeseen difficult carpet removal and the change from tile to outdoor carpet on the patios (inclement weather would invalidate manufacturer warranty on the tile).

Effective date of change 12/20/2024

Extend Contract From: 03/28/2025 To: 05/31/2025.

Original Contract Price: \$133,777.00.
Change Order No. 2 Increase: \$17,930.76.
Contract New Total: \$151,707.76.

No other changes.

| Line | Commodity Code | Quantity | Unit | Unit Price | Total Price |
|--------------|----------------|--------------|------|------------|-------------|
| 1 | 72152507 | 0.00000 | | 0.000000 | 151707.76 |
| Service From | Service To | Manufacturer | | Model No | |
| | | | | | |

Commodity Line Description: Flooring Replacement Contract

Extended Description:

See Exhibit "A" pricing page

Tile and Cove Base

Original amount: \$133,777.00

Change Order No. 2 amount: \$151,707.76



CHANGE ORDER REQUEST #2

Project: State of WV Veteran's Nursing Facility
 Clarksburg WV

Revised
Date: 11/19/24 **PO #** CPO VNF24*2
Attn: Michael Messenger

Additional Time needed: 8 additional weeks

| DESCRIPTION | | Quantity | Price | SUBTOTAL |
|---|------|----------|-----------|---------------------|
| Unforeseen condition of difficult removal | 2349 | SY | \$ 5.40 | \$ 12,684.60 |
| Difference in price from 4" base to 4.5" base | 28 | CTNS | \$ 13.72 | \$ 384.16 |
| Restock Fee for 4" base | 1 | EA | \$ 409.00 | \$ 409.00 |
| Freight to return 4" base | 1 | EA | \$ 384.00 | \$ 384.00 |
| Freight to ship 4.5" base | 1 | EA | 384 | \$ 384.00 |
| Provide Patcraft outdoor carpet on 3 patio areas in lieu of LVT. Labor included in base bid | 1 | EA | 3685 | \$ 3,685.00 |
| | | | | |
| | | | | \$ - |
| Total Change Order Amount: | | | | \$ 17,930.76 |

Please sign, date and return via fax to (480) 945-2603. If you have any questions or concerns please call me at (480) 281-1282

x MORGAN STEEDS
 Printed Name:

x [Signature] 12-16-24
 Signature & Date:

By signing you are acknowledging that you have the authority to approve this change order, and are authorizing us to proceed with the above listed billable work for the above listed amount. By signing you also agree to all terms and conditions above and agree to remit payment upon receiving invoices.



APPROVED
[Signature]
1/7/24

**STATE OF WEST VIRGINIA
DEPARTMENT OF VETERANS ASSISTANCE**

**EDWARD A. DIAZ
CABINET SECRETARY**

December 16, 2024

To: David Pauline, Senior Buyer
West Virginia Purchasing Division
2019 Washington St., East, Capitol Complex, Bldg. 15
Charleston, WV 25305

From: Morgan Sheets, Director of Procurement *MS*
West Virginia Department of Veterans Assistance
1900 Kanawha Blvd., East, Bldg. 5, Room 205
Charleston, WV 2530

Re: Approval of Change Order No. 2, CPO 0613 VNF 24*02

The West Virginia Department of Veterans Assistance (WVDVA) West Virginia Veterans Nursing Facility (VNF) is requesting approval of Change Order No. 2, CPO 0613 VNF 24*02 to extend and increase the contract due to unforeseen difficult removal of carpet at the VNF located in Clarksburg, WV. WVDVA, on behalf of VNF, is requesting a two-month extension and a \$17,930.76 increase in contract amount. The difficult removal will take more time than was originally planned for which will increase labor cost as well as the procurement of a special machine to assist in the removal. Also, instead of tiles on the patios, outdoor carpet will be installed so it does not invalidate the manufacturer warranty.

The WVDVA facility in Clarksburg, WV is a Skilled Nursing Facility housing elderly veterans in need of a higher level of care. It is imperative for the health and safety of this veteran population that the facility has secure footing with no trip hazards and the increased infection control that the vinyl flooring will provide. Without this facility improvement the Agency can incur fines and possibly loss of Federal Funding by the US Department of Veterans Affairs.

Please feel free to contact me by phone at 304-558-3661 or by email at
should you have any questions. Thank you for your prompt attention to this request.

RIDER

TO BE ATTACHED TO AND FORM PART OF

Performance and Payment Bond NO. S045042
(Bond Type) (Bond Number)
IN FAVOR OF State Of West Virginia
(Obligee)
ON BEHALF OF Continental Flooring Company
(Principal)
EFFECTIVE May 30, 2024
(Original Effective Date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider.

The Surety, Employers Mutual Casualty Company,
hereby gives its consent to change;

Bond/Contract Amount

(of) the attached bond FROM: Old Bond Amount = \$148,022.76

TO: New Bond Amount = \$151,707.76

Increase Through Change order Request #2

EFFECTIVE: December 16, 2024

PROVIDED, however that the attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached bond as changed by this rider shall not be cumulative.

SIGNED, AND SEALED this 16th day of December 2024.

Employers Mutual Casualty Company

Surety

Joseph A. Clarken III
Joseph A. Clarken III, Attorney-in-fact

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF _____
2. County of _____ to-wit: _____
3. I, _____, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that _____
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this _____ day of _____ 20 _____
6. Notary Seal _____ 7. _____
(Notary Public)
8. My commission expires on the _____ day of _____ 20 _____

Acknowledgment by Principal if Corporation

9. STATE OF Arizona
10. County of Maricopa to-wit: _____
11. I, Tracy Johnson, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that Christopher L. Coleman
13. who as, President signed the foregoing writing for
14. a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.



15. Given under my hand this 28 day of Jan 20 25
17. _____
(Notary Public)
18. My commission expires on the 25 day of NOV 20 27

Acknowledgment by Surety

19. STATE OF Arizona
20. County of Maricopa to-wit: _____
21. I, Melanie Ankeney, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Joseph A. Clarken III
23. who as, Attorney-In-Fact signed the foregoing writing for
24. Employers Mutual Casualty Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.

25. Given under my hand this 16th day of December 20 24
26. Notary Seal _____ 27. Melanie Ankeney
(Notary Public)
28. My commission expires on the 12th day of July 20 27

Sufficiency in Form and Manner of Execution Approved

This 4th day of February 20 25

By: Joseph A. Clarken III
(Deputy Attorney General)

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

1. Employers Mutual Casualty Company, an Iowa Corporation
2. EMCASCO Insurance Company, an Iowa Corporation
3. Union Insurance Company of Providence, an Iowa Corporation

4. Illinois EMCASCO Insurance Company, an Iowa Corporation
5. Dakota Fire Insurance Company, a North Dakota Corporation
6. EMC Property & Casualty Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint:

JOSEPH A. CLARKEN, III

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute the following Surety Bond(s):

Surety Bond

Number

S045042

Principal:

Continental Flooring Company,
Inc.

Obligee:

State of West Virginia

and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

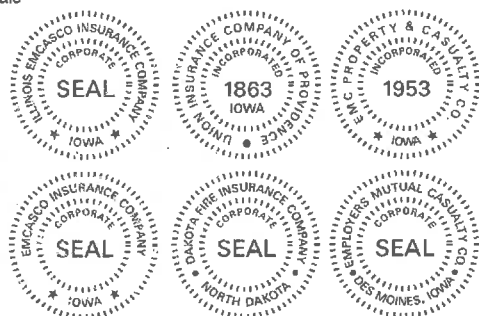
AUTHORITY FOR POWER OF ATTORNEY

This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at the first regularly scheduled meeting of each company duly called and held in 1999:

RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS THEREOF, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this 22nd day of September, 2022.

Seals



Scott R. Jean
Scott R. Jean, President & CEO
of Company 1; Chairman, President
& CEO of Companies 2, 3, 4, 5 & 6

Todd Strother
Todd Strother, Executive Vice President
Chief Legal Officer & Secretary of
Companies 1, 2, 3, 4, 5 & 6

On this 22nd day of September, 2022 before me a Notary Public in and for the State of Iowa, personally appeared Scott R. Jean and Todd Strother, who, being by me duly sworn, did say that they are, and are known to me to be the CEO, Chairman, President, Executive Vice President, Chief Legal Officer and/or Secretary, respectively, of each of the Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Scott R. Jean and Todd Strother, as such officers, acknowledged the execution of said instrument to be their voluntary act and deed, and the voluntary act and deed of each of the Companies.

My Commission Expires October 10, 2025.

Kathy Loveridge
Notary Public in and for the State of Iowa

CERTIFICATE

I, Ryan J. Springer, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the Companies, and this Power of Attorney issued pursuant thereto on 22nd day of September, 2022, are true and correct and are still in full force and effect.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 16th day of December, 2024.

Ryan J. Springer
Vice President

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

| | |
|---|--|
| <i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>1/10/24</u> Solicitation No. <u>CPO VNF24*02</u> | Agency: West Virginia Veterans Nursing Facility Procurement Officer Submitting Requisition: Morgan Sheets Requisition No. CPO VNF 24*02 Change Order No. 2 PF No.: 1340250 |
|---|--|

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Use of correct specification template | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Maximum budgeted amount in wvOASIS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Suggested vendors in wvOASIS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Capitol Building Commission pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Financing (Governor's Office) pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Fleet Management Division pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Compliance Check Type | Required | Provided, if Required | Not Required | Purch. Div. Confirmation |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 | Insurance requirements | | | | |
| | Commercial General Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Automobile Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Workers' Compensation/Employer's Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cyber Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Builder's Risk/Installation Floater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Professional Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Office of Technology CIO pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Treasurer's Office (banking) pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOR CHANGE ORDERS/RENEWALS:

| | | | | | |
|---|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1 | Two-party agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Standard change order language | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Office of Technology CIO approval | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | Justification for price increases/backdating/other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Bond Rider (Construction) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | Secretary of State Verification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | State debarment verification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 | Federal debarment verification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

[Handwritten Signature]
MORGAN SNEETS

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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.

CONTINENTAL FLOORING COMPANY

| Organization Information | | | | | | | | |
|--------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|
| Org Type | Effective Date | Established Date | Filing Date | Charter | Class | Sec Type | Termination Date | Termination Reason |
| C Corporation | 3/8/1994 | | 3/8/1994 | Foreign | Profit | | | |

| Organization Information | | | |
|--------------------------|---|--------------|---|
| Business Purpose | 2383 - Construction - Special Trade Contractors - Building Finishing Contractors (drywall & insulation, painting & wall covering, flooring, tile & terrazzo, finishing carpentry) | | Capital Stock 0.0000 |
| Charter County | | | Control Number 0 |
| Charter State | AZ | Excess Acres | 0 |
| At Will Term | | | Member Managed X Close |
| At Will Term Years | | | P Hi, I'm SOLO! I can help you file your Annual Report. |
| Authorized Shares | 0 | Ent | |

| Addresses | |
|----------------------------------|--|
| Type | Address |
| Local Office Address | CORPORATION SERVICE COMPANY 209 WEST WASHINGTON ST CHARLESTON, WV, 25302 |
| Mailing Address | 9319 N 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 USA |
| Notice of Process Address | Corporation Service Company 808 Greenbrier Street Charleston, WV, 25311 |
| Principal Office Address | 9319 N 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 USA |
| Type | Address |

| Officers | |
|-----------------------|---|
| Type | Name/Address |
| Director | CHRISTOPHER L COLEMAN 9319 NORTH 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 |
| Director | LISA M COLEMAN 9319 NORTH 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 |
| President | CHRISTOPHER L. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
| Secretary | LISA M. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
| Treasurer | LISA M. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
| Vice-President | BRUCE A KIGER 9319 N 94TH WAY # 1000 SCOTTSDALE, AZ, 85258 |

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| Type | Name/Address |
|-----------------------|--|
| Annual Reports | |
| Filed For | |
| 2025 | |
| 2024 | |
| 2023 | |
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| 2018 | |
| 2017x | |
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| 2006 | |
| 2005 | |
| 2004 | <div> × Close </div> |
| 2003 | <div> Hi, I'm SOLO! I can help you file your Annual Report. </div> |
| 2002 | |
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| 2000 | |
| 1999 | |
| Date filed | |

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

Tuesday, February 4, 2025 — 10:32 AM

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you file your Annual
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e.g. 1606N020Q02

"continental flooring co"



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Status



- ☒ Active
- ☐ Inactive

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