



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: 05-27-2025

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 0618 0618 BVH2400000002 2	Procurement Folder:	1397508
Document Name:	Open End Purchase For Contract Temporary RN, LPN, HSA	Reason for Modification:	CHANGE ORDER NO. 1 TO RENEW CONTRACT
Document Description:	CHANGE ORDER NO. 1		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-06-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-05-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000009010 Wise Medical Staffing Inc 432 Magazine St  Tupelo MS 38804 US Vendor Contact Phone: 7407758066 Extension:  Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Amber D Higginbotham Requestor Phone: 304-618-9169 Requestor Email: amber.d.higginbotham@wv.gov  <b>2025</b> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
WEST VIRGINIA VETERANS HOME 512 WATER ST  BARBOURSVILLE WV 25504 US	WEST VIRGINIA VETERANS HOME 512 WATER ST  BARBOURSVILLE WV 25504 US

5/27/25 6L

Purchasing Division's File Copy

Total Order Amount:	Open End
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DAP 5/27/25

PURCHASING DIVISION AUTHORIZATION
DATE: 5-27-25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 5-28-25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 5-28-25
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order  
Change Order No. 1 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 06/01/2025 through 05/31/2026.  
Renewal Years/Months Remaining: Two(2) years.  
No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601			HOUR	53.750000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Contract Nursing Services RN Straight Time

**Extended Description:**

Contract Nursing Services RN Straight Time

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85101601			HOUR	44.850000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Contract Nursing Services HSA Holiday

**Extended Description:**

Contract Nursing Services HSA Holiday

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85101601			HOUR	61.900000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Contract Nursing Services LPN Overtime

**Extended Description:**

Contract Nursing Services LPN Overtime

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	85101601			HOUR	61.900000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Contract Nursing Services LPN Holiday

**Extended Description:**

Contract Nursing Services LPN Holiday

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	85101601			HOURL	29.900000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Contract Nursing Services HSA Straight Time

**Extended Description:**

Contract Nursing Services HSA Straight Time

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	85101601			Hour	44.850000
Service From Service To				Service Contract Amount	
				0.00	

Commodity Line Description: Contract Nursing Services HSA Overtime

Extended Description:  
Contract Nursing Services HSA Overtime

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	85101601			Hour	80.650000
Service From Service To				Service Contract Amount	
				0.00	

Commodity Line Description: Contract Nursing Services RN Overtime

Extended Description:  
Contract Nursing Services RN Overtime

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	85101601			Hour	80.650000
Service From Service To				Service Contract Amount	
				0.00	

Commodity Line Description: Contract Nursing Services RN Holiday Pay

Extended Description:  
Contract Nursing Services RN Holiday Pay

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	85101601			Hour	41.500000
Service From Service To				Service Contract Amount	
				0.00	

Commodity Line Description: Contract Nursing Services LPN Straight Time

Extended Description:  
Contract Nursing Services LPN Straight Time



6 Health Drive  
Chillicothe, OH 45601

Morgan Sheets  
Comptroller/Director of Procurement  
1900 Kanawha Boulevard East  
Building 5, Room 205  
Charleston, WV

Re: CMA BVH24\*02

Mr. Sheets,

Wise Medical Staffing agree to renew CMA BVH 24\*02 according to all specifications, pricing, terms, and conditions, and any authorized change orders as per the original contract for the period of 06/01/2025-05/31/2026. This is the first of three optional renewals with two remaining.

Wise Medical Staffing appreciates doing business with you and looks forward to future business.

Thanks,

Morgan Sheppard  
VP of Finance

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>5/27/25</u>  Solicitation No. <u>CMA BVH25*02</u>	Agency: WEST VIRGINIA VETERANS HOME <hr/> Procurement Officer Submitting Requisition: MORGAN SHEETS <hr/> Requisition No. CMA BVH24*02 <hr/> PF No.: 1397508
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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 ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<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
<b>10</b>	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"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### FOR CHANGE ORDERS/RENEWALS:

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

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Business Organization Detail

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WISE MEDICAL STAFFING, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	12/19/2001		12/19/2001	Domestic	Profit			

Organization Information			
Business Purpose	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)		Capital Stock 1000.0000
Charter County			Control Number 44748
Charter State	WV	Excess Acres	
At Will Term			Member Managed
At Will Term Years			Par Value 1.000000
Authorized Shares	1000	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	519 C STREET SOUTH CHARLESTON, WV, 25303
Mailing Address	6 HEALTH DR CHILLICOTHE, OH, 45601 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	6 HEALTH DRIVE CHILLICOTHE, OH, 45601 USA
Type	Address

Officers	
Type	Name/Address
Director	PATRICIA PANNELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Director	MORGAN SHEPPARD 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
President	MILTON CLEGG 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Secretary	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Treasurer	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601

Hi, I'm SOLO! I can help you file your Annual Report.

<b>Vice-President</b>	PATRICIA PANNELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Type	Name/Address

<b>Annual Reports</b>
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, May 27, 2025 — 8:54 AM

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## Address


Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	ATTN ACCOUNTS RECEIVABLE	CHILLICOTHE	OH	45601	
Payment	6 HEALTH DRIVE	CHILLICOTHE	OH	45601	Darla Smith
Billing	432 Magazine St	Tupelo	MS	38804	Darla Smith
Payment	432 Magazine St	Tupelo	MS	38804	Darla Smith
Ordering	432 Magazine St	Tupelo	MS	38804	Darla Smith
Web Registrar	432 Magazine St	Tupelo	MS	38804	Darla Smith

First Prev Next Last

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Vendor/Customer : VS0000009010

Wise Medical Staffing Inc

Address Type : Payment 

Division/Department :

Additional Address Info. :

Prevent New Spending : ☐

Default Currency : USD - US Dollar

Active From : 01/26/2022 

Active To : 

Default Record : ☐

Mail Returned : ☐

Active Address : Yes

### ▼ Address Information

Address ID : AD000001 

Street 1 : ATTN ACCOUNTS RECEIVA

Street 2 : 80 E SECOND STREET

City : CHILLICOTHE

State/Province : OH 

Zip/Postal Code : 45601

DUNS :

Extended DUNS :


Unique Entity Identifier :

.....

Country Phone Code : 1

Phone : 000-000-0000

Phone Extension :

County : OH141 

County Name : Ross

Country : US 

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