



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: 02-22-2024

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 0212 0212 SYSFURN23 2	Procurement Folder:	1158415
Document Name:	SYSFURN23: Districts 1, 2, 3, & 4	Reason for Modification:	CO#1 To renew the Contract and incorporate the 2024 Hon Catalog. NO OTHER CHANGES
Document Description:	Statewide Contract for Systems Furniture & Accessories		
Procurement Type:	Statewide MA (Open End)		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-03-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-02-28

VENDOR		DEPARTMENT CONTACT			
Vendor Customer Code:	000000200768	Requestor Name:	Mark A Atkins		
CAPITOL BUSINESS INTERIORS 711 INDIANA AVE		Requestor Phone:	(304) 558-2307		
CHARLESTON WV 25302		Requestor Email:	mark.a.atkins@wv.gov		
US		<div style="font-size: 48px; font-weight: bold;">24</div> FILE LOCATION _____			
Vendor Contact Phone:	304-343-7551			Extension:	
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER
No City WV 99999	No City WV 99999
US	US

2-23-24 60

Total Order Amount:	Open End
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Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION
 DATE: *MA 02/22/2024*
 ELECTRONIC SIGNATURE ON FILE *[Signature]*

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray*
 ELECTRONIC SIGNATURE ON FILE *[Signature]*

ENCUMBRANCE CERTIFICATION
 DATE: *2-28-24*
 ELECTRONIC SIGNATURE ON FILE *[Signature]*

2/28/2024

Extended Description:

CHANGE ORDER

Change Order No. 01 is issued for the following:

1. To renew the original contract according to all terms, conditions, specifications, and discount pricing percentages contained in the original contract including all authorized change orders.
2. To incorporate the 2024 Hon Catalog (effective 03/01/2024 through 02/28/2025).

Effective date of renewal 03/01/2024 through 02/28/2025.

Renewal Years Remaining: (2)

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

NO OTHER CHANGES

The Vendor, Capitol Business Interiors, is awarded the following districts: ALL

District 1, District 2, District 3, and District 4.

Catalog Percentage Discount is the same for all 4 districts:

System: 76.50 %

System Accessories: 76.5 %

PDU: 76.5 %

Seating (STC, STG, SCG): 60%

FSF: 60%

CG: 60%

FC: 60%

The Vendor shall provide systems furniture items at the discount percentage provided on their pricing pages, in the Item Type, and from the catalog listed on the attached summary.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	56000000			LS	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: HON Systems Furniture, by Separate Quote by Catalog Discount

Extended Description:

HON Systems Furniture, by Separate Quote by Catalog Discount

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	56000000			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Systems Furniture, Reconfiguration Design, Hourly Rate

Extended Description:

All inclusive, 24/7 hourly rate for reconfigurations of systems furniture

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	56000000			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Systems Furniture, Reconfiguration Labor, Regular Rate

Extended Description:

All-inclusive hourly rate for labor to reconfigure systems furniture, M-F, between 7:00am and 5:00pm

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	56000000			HOURL	75.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Systems Furniture, Reconfiguration Labor, Overtime Rate

Extended Description:

All-inclusive hourly rate for labor to reconfigure systems furniture after hours, on weekends, or on State holidays



MARK D. SCOTT
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305-0130

DIRECTOR

January 04, 2024

Ms. Kelli Bragg, Sr. Sales
Capital Business Interiors
711 Indiana Avenue
Charleston, WV 25302

Subject: WV Statewide Contract No.: CMA 0212 SYSFURN23

Dear Ms. Bragg:

The State of West Virginia is offering to renew the subject contract under the same terms, conditions, and discount pricing percentages in the original contract. The renewal dates are March 01, 2024 through February 28, 2025. If your company agrees to this renewal, please sign below and return this document via email to Mark.A.Atkins@wv.gov.

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Kelli D. Bragg
Print Name
2/4/24
Date

Kelli D. Bragg
Signature

Sales Mgr.
Title

Please call if you have any questions.

Regards,

Mark A. Atkins, CPPB

Buyer Supervisor
West Virginia Department of Administration
Purchasing Division
2019 Washington Street, East
POB 50130
Charleston, WV 25305-0130

Phone: 304.558.2307

Email: Mark.A.Atkins@wv.gov

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Business and Licensing

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.

CAPITOL BUSINESS EQUIPMENT, INC.

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C Corporation	8/13/1956		8/13/1958	Domestic	Profit				

Organization Information				
Business Purpose	4532 - Retail Trade - Miscellaneous Store Retailers - Office Supplies, Stationery and Gift Stores		Capital Stock	25000.0000
Charter County	Kanawha		Control Number	0
Charter State	WV		Excess Acres	0
At Will Term			Member Managed	
At Will Term Years			Par Value	25.000000
Authorized Shares	1000		Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	2450-90 FIRST AVE HUNTINGTON, WV, 25703
Mailing Address	ATTN: JUSTIN CARPENTER PO BOX 2968 HUNTINGTON, WV, 25728 USA
Notice of Process Address	JUSTIN CARPENTER PO BOX 2968 HUNTINGTON, WV, 25728
Principal Office Address	711 INDIANA AVENUE CHARLESTON, WV, 25302 USA
Type	Address

Officers	
Type	Name/Address
Director	MARSHALL REYNOLDS P O BOX 4040 HUNTINGTON, WV, 25729
Director	JUSTIN CARPENTER P O BOX 4040 HUNTINGTON, WV, 25729
Incorporator	JAMES C. DYER 315 24TH STREET DUNBAR, WV, 25064 USA
Incorporator	RAY HOWARD CUMBERLAND ROAD BLUEFIELD, WV, 24701 USA
President	JANET JOSEPH CLAYMAN 711 INDIANA AVENUE CHARLESTON, WV, 25302
Secretary	GREG ADKINS 2450-90 FIRST AVE HUNTINGTON, WV, 25703
Vice-President	JUSTIN CARPENTER P O BOX 2968 HUNTINGTON, WV, 25728
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
CAPITOL BUSINESS INTERIORS	TRADENAME	5/14/1993	
DISCOUNT OFFICE CENTER (DIVISION OF CAPITOL BUSINESS)	TRADENAME	4/7/1995	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
5/18/1998	MERGER: MERGING CBE ACQUISITION COMPANY, INC., A WV CORP WITH AND INTO CAPITOL BUSINESS EQUIPMENT, INC., A WV CORP, THE SURVIVOR.
12/19/1994	MERGER: MERGING DISCOUNT OFFICE CENTERS, INC., A QUAL WV CORP, WITH AND INTO CAPITOL BUSINESS EQUIPMENT, INC., A QUAL WV CORP, THEQ SURVIVOR.
9/19/1966	INCREASE TO \$80,000; 2,000 SHARES AT \$25.00; BOOK 249, PAGE 247.
Date	Amendment

Annual Reports	
Filed For	
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For more information, please contact the Secretary of State's Office at 304-558-6000.

Thursday, February 22, 2024 — 10:23 AM

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Disaster Response Registry

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Any Words ⓘ

All Words ⓘ

Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"CAPITOL BUSINESS INTERIORS" x

Entity

Location

Status

Active

Inactive

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>02</u> Date: <u>2/22/2024</u> Solicitation No. <u>CO#1</u>	Agency: WV Purchasing Division Procurement Officer Submitting Requisition: Mark Atkins Requisition No. CO#1 CMA SYSFURN23 PF No.: 1158415
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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 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				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	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: _____

