



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: 03-06-2024

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 0603 8230 ADJ2100000008 4	Procurement Folder:	829644
Document Name:	Medical Support Services for MCA North	Reason for Modification:	Change Order 3 To renew contract
Document Description:	Medical Services		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-03-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-02-28

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000172600 PRESTON MEMORIAL HOSPITAL CORPORATION 150 MEMORIAL DR KINGWOOD WV 26537 US Vendor Contact Phone: 304-329-4703 Extension: Discount Details: <table border="1"> <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: Nancy C Baire Requestor Phone: 304-561-6449 Requestor Email: Nancy.c.baire.nfg@mail.mil <div style="text-align: center; font-size: 2em; font-weight: bold;">24</div> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
STATE FINANCE ADJUTANT GENERALS OFFICE 1703 COONSKIN DR CHARLESTON WV 25311-1085 US	MOUNTAINEER CHALLENGE PROGRAM ADJUTANT GENERALS OFFICE 1001 ARMY RD KINGWOOD WV 26537 US

3-8-246L

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

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara* 3/8/2024
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *3-13-24*
 ELECTRONIC SIGNATURE ON FILE

3/12/2024

Extended Description:

Change Order No. 3

Change Order No. 3 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 March 1, 2024, through February 28, 2025.

Renewals Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121500			EA	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Support Services

Extended Description:

Medical Support Services

See attached pricing pages



DEPARTMENT OF THE ARMY
 ADJUTANT GENERAL'S OFFICE
 JOINT FORCES HEADQUARTERS WEST VIRGINIA
 1707 COONSKIN DRIVE
 CHARLESTON, WEST VIRGINIA 26311-1026

Dianna Trickett
 MCAN - Director
 1001 Army Road
 Kingwood, WV 26537

February 26, 2024

Please see attached the renewal request for Preston Memorial Hospital Corporation for medical support services for your facility. The renewal is for Change Order # 3 on CMA ADJ2100000008. This will be the second of its renewals and will make it effective from ^{March 1, 2024} February 28, 2024 through ^{February 28, 2025} March 1, 2025. If they would like to renew at the same price, they just need to sign below and send it back in to proceed with this renewal. Please have the Vendor to sign it first and then you will sign afterwards.

Dianna Trickett
 Print Name - Director
 Mountaineer Challenge Academy

Dianna L. Trickett 2-28-24
 Sign Name & Date

Preston Memorial Hospital Corporation
 Vendor Name

Melissa Lockwood
Melissa Lockwood 2/28/24
 Print Name, Sign Name, & Date

Please contact me if you have any questions regarding this request for documentation.

Sincerely,

Cara M. Suppa

Cara M. Suppa
 Procurement Analyst
 WV ADJ GEN/WVARNG
 304-561-6657

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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.

PRESTON MEMORIAL HOSPITAL CORPORATION

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	4/6/1984		4/6/1984	Domestic	Non-Profit			

Organization Information			
Business Purpose	6221 - Health Care and Social Assistance - Hospitals - General Medical and Surgical Hospitals		Capital Stock 0.0000
Charter County	Preston	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

3/6 DP

Addresses	
Type	Address
Local Office Address	150 MEMORIAL DRIVE KINGWOOD, WV, 26537
Mailing Address	150 MEMORIAL DRIVE KINGWOOD, WV, 26537 USA
Notice of Process Address	MELISSA LOCKWOOD, CHIEF ADMINISTRATIVE OFFICER PRESTON MEMORIAL HOSPITAL CORPORATION 150 MEMORIAL DRIVE KINGWOOD, WV, 26537
Principal Office Address	150 MEMORIAL DRIVE KINGWOOD, WV, 26537 USA
Type	Address

Officers	
Type	Name/Address
Incorporator	JAMES BRITTON RT 4 BRUCETON MILLS, WV, 26525 USA
Incorporator	FRED CONLEY, MD. 410 E. MAIN STREET KINGWOOD, WV, 26537 USA
President	NICK TAYLOR 150 MEMORIAL DRIVE KINGWOOD, WV, 26537
Treasurer	TIM CALVERT 150 MEMORIAL DRIVE KINGWOOD, WV, 26537
Vice-President	RAY THOMPSON 150 MEMORIAL DRIVE KINGWOOD, WV, 26537
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date

FITNESS CENTER - REEDSVILLE	TRADENAME	6/26/2013	5/25/2016
MON HEALTH PRESTON MEMORIAL HOSPITAL	TRADENAME	5/17/2017	
MON HEALTH PRESTON MEMORIAL HOSPITAL LABORATORY SERVICES	TRADENAME	6/21/2017	
MON HEALTH PRESTON MEMORIAL HOSPITAL PRIMARY CARE	TRADENAME	2/9/2021	
MOUNTAINEER BLACK LUNG AND BREATHING CENTER	TRADENAME	10/19/1993	5/25/2016
PATHWAYS	TRADENAME	10/19/1993	5/25/2016
PRESTON ADDICTION TREATMENT CENTER	TRADENAME	10/19/1993	5/25/2016
PRESTON BIRTH CENTER	TRADENAME	10/19/1993	5/25/2016
PRESTON MEMORIAL AQUATIC THERAPY	TRADENAME	9/10/2010	
PRESTON MEMORIAL FAMILY CARE - MOUNTAINEER CHALLENGE ACADEMY	TRADENAME	4/22/2013	
PRESTON MEMORIAL FAMILY CARE- FELLOWSVILLE	TRADENAME	3/5/2013	
PRESTON MEMORIAL FAMILY CARE- KINGWOOD	TRADENAME	2/25/2013	
PRESTON MEMORIAL HOSPITAL SLEEP CENTER	TRADENAME	8/23/2019	
PRESTON MEMORIAL HOSPITAL URGENT CARE	TRADENAME	11/15/2013	
PRESTON MEMORIAL PHYSICAL THERAPY	TRADENAME	8/31/2010	
PRESTON MEMORIAL PHYSICAL THERAPY-BRUCETON	TRADENAME	9/10/2010	
PRESTON MEMORIAL PHYSICAL THERAPY-WEST	TRADENAME	8/31/2010	5/25/2016
PRESTON PHYSICAL THERAPY & FITNESS CENTER	TRADENAME	10/19/1993	5/25/2016
PRESTON SLEEP SOLUTIONS	TRADENAME	7/13/2011	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
2/28/2014	FILED AMENDED AND RESTATED ARTICLES...SEE IMAGE TL

12/19/1997

AMENDMENTS TO ARTICLES OF INCORPORATION

Date

Amendment

Annual Reports

Filed For

2023

2022

2021

2020

2019

2018

2017x

2017

2016

2015

2014

2013

2012

2011

2010

2009

2008

2006

2005

2004

2003

2002

2001

2000

1999

1998

Date filed

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

Monday, March 4, 2024 — 7:16 AM

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Mar 1, 2024



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Feb 22, 2024



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All Words

e.g. 1606N020Q02

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All Domains



Filter By



Keyword Search

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- Any Words
- All Words
- Exact Phrase

e.g. 1606N020Q02

"preston memorial hospital"

Federal Organizations

Handwritten signature


Enter Code or Name 

Status 

Active

Inactive

Reset 



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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>3/4/24</u> Solicitation No. <u>CMA ADJ 2108</u>	Agency: Adjutant General's Office Procurement Officer Submitting Requisition: Nancy C. Baire/Cara M. Suppa Requisition No. CMA ADJ2100000008 PF No.: 829644
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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 checked="" type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____

