



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: 03-15-2024

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

<b>Order Number:</b>	CMA 0613 9905 VNF2200000006 5	<b>Procurement Folder:</b>	952861
<b>Document Name:</b>	Attending Physician services for VNF at Clarksburg, WV	<b>Reason for Modification:</b>	Change Order No. 03 To Renew Contract
<b>Document Description:</b>	Attending Physician services for VNF at Clarksburg, WV		
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2021-04-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-03-31

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000173337			<b>Requestor Name:</b>	Sherri A Reed
ABDULMALEK SABBAGH MD FACC INC				<b>Requestor Phone:</b>	(304) 626-1600
29 HOSPITAL PLAZA STE E				<b>Requestor Email:</b>	sherri.a.reed@wv.gov
WESTON	WV	26452		<div style="font-size: 48pt; font-weight: bold;">24</div> FILE LOCATION	
US					
<b>Vendor Contact Phone:</b>	304-269-1448	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

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

3-18-24 6L

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

DATE: 3/18/24  
 PURCHASING-DIVISION AUTHORIZATION  
 ELECTRONIC SIGNATURE ON FILE

DATE: 3/19/2024  
 ATTORNEY GENERAL APPROVAL AS TO FORM  
 ELECTRONIC SIGNATURE ON FILE

DATE: 3-18-24  
 ENCUMBRANCE CERTIFICATION  
 ELECTRONIC SIGNATURE ON FILE

**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 4/1/2024 through 3/31/2025.

Renewal Years Remaining: 0

No other Changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121503				0.000000
	<b>Service From</b>	<b>Service To</b>	<b>Service Contract Amount</b>		
	2021-04-01	2025-03-31	0.00		

**Commodity Line Description:** Attending Physician

**Extended Description:**

Attending Physician - Per vendor's submitted bid \$50,000 annual cost; \$333.33 per visit



*West Virginia Veterans Nursing Facility  
One Freedoms Way  
Clarksburg WV 26301*

January 23, 2024

Abdulmalek Sabbagh MD FACC Inc  
29 Hospital Plaza Ste E  
Weston, WV 26452

RE: Renewal CMA 0613 9905 VNF22\*06

Dear Mr. Sabbagh,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 4/1/2024 to 3/31/2025. 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 .

Regards,

Michael Clevenger  
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X   
SIGNATURE

3/13/24  
DATE

Mohamed Sabbagh  
PRINT NAME

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## West Virginia Secretary of State — Online Data Services

### 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.*

### ABDULMALEK SABBAGH, M.D., F.A.C.C., INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	5/7/1997		5/7/1997	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	6211 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Physicians		<b>Capital Stock</b> 5000.0000
<b>Charter County</b>	Lewis	<b>Control Number</b>	0
<b>Charter State</b>	WV	<b>Excess Acres</b>	0
<b>At Will Term</b>		<b>Member Managed</b>	<input type="checkbox"/>
<b>At Will Term Years</b>		<b>P</b>	
<b>Authorized Shares</b>	500	<b>Ent</b>	

Hi, I'm SOLO I'm here to help you launch your new LLC.

Addresses	
Type	Address
<b>Local Office Address</b>	29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452
<b>Mailing Address</b>	29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452 USA 
<b>Notice of Process Address</b>	ABDULMALEK SABBAGH 29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452
<b>Principal Office Address</b>	29 HOSPITAL PLAZA STE E WESTON, WV, 26452 USA
Type	Address

Officers	
Type	Name/Address
<b>Incorporator</b>	ABDULMALEK SABBAGH RT. 4 BOX 9A WESTON, WV, 26452
<b>President</b>	ABDULMALEK SABBAGH 29 HOSPITAL PLAZA STE E WESTON, WV, 26452
<b>Vice-President</b>	GHIDA SALKIN 29 HOSPITAL PLAZA STE E WESTON, WV, 26452
Type	Name/Address

Annual Reports	
Filed For	<input type="button" value="x Close"/>
2024	<div style="border: 1px solid gray; border-radius: 10px; padding: 10px; display: inline-block;">                     Hi, I'm SOLO I'm here to help you launch your new LLC.                 </div>
2023	
2022	
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<b>Date filed</b>

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

Monday, March 18, 2024 — 7:59 AM

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× Close

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**Important Reqs and Certs Update** Show Details  
Mar 1, 2024



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**Entity Validation Processing** Show Details  
Mar 13, 2024



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All Words

e.g. 1606N020Q02

Select Domain  
All Domains



Filter By



### Keyword Search

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Search Editor

Any Words

All Words

Exact Phrase

e.g. 1606N020Q02

"abdulmalek sabbagh md"

Federal Organizations




Status 

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Inactive

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>3/15/24</u>  <i>CO# 3 Renewal</i>	Agency: <u>W.V.V.N.F</u> Procurement Officer Submitting Requisition: <u>Michael Cleverger</u> Requisition No. <u>CO3</u> Solicitation No. <u>CMA VNF21X05</u> PF No.: <u>818045</u>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:**

13	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	<del>Purchasing Affidavit</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: \_\_\_\_\_

