



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: 02-05-2024

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 0618 0618 BVH2200000003 3	Procurement Folder:	991457
Document Name:	Change Order No. 2 - Kitchen Equipment Maintenance	Reason for Modification:	
Document Description:	Kitchen Equipment Maintenance - Construction	Change Order #2 to renew contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-03-02
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-03-01

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	000000189985			Requestor Name:	Joseph J Crutcher
DSO MECHANICAL LLC 515 THIRD AVE				Requestor Phone:	304-769-1027
SO CHARLESTON WV 25303				Requestor Email:	joseph.j.crutcher@wv.gov
US					
Vendor Contact Phone:	3047448479	Extension:	101		
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

24
 FILE LOCATION _____

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

2-7-24 bc

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

2/6/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara Hyle 2/7/2024*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray*
 ELECTRONIC SIGNATURE ON FILE
2/13/2024

ENCUMBRANCE CERTIFICATION
 DATE: *Don Jay 2-15-24*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 2 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: 03/02/2024 - 03/01/2025

Renewal Years Remaining: 1 years remaining

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72151802			LS	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Kitchen Equipment Maintenance & Repair-Hourly Rate

Extended Description:

See attached pricing page.



West Virginia Veterans Home

512 Water Street
Barboursville, WV 25504
Phone: 304-736-1027
FAX: 304-736-1093

Date: 02/01/2024


To: Mike Laughlin, Estimator/Project Manager, DSO Mechanical LLC

From: Joseph Crutcher, Procurement Associate, West Virginia Veterans Home/Department of Veterans Assistance

Agreement to renew Contract # CMA BVH 22*03 according to all terms, conditions, pricing, and specifications as contained in the original contract. One (1) renewal(s) remaining.

Renewal period effective 03/02/2024 - 03/01/2025

 Mike Laughlin 02/01/24
Authorized Vendor Signature Date

 02/01/2024
Authorized Agency Signature Date

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Business Organization Detail

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DSO MECHANICAL LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	12/6/2012		12/6/2012	Domestic	Profit			

Organization Information			
Business Purpose	2389 - Construction - Special Trade Contractors - Other Specialty Trade Contractors (site prep, other specialty)		Capital Stock
Charter County	Kanawha	Control Number	99Y0B
Charter State	WV	Excess Acres	
At Will Term	A	Member Managed	MGR
At Will Term Years		Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses	
Type	Address
Designated Office Address	515 THIRD AVENUE SOUTH CHARLESTON, WV, 25303
Mailing Address	515 THIRD AVENUE SW SOUTH CHARLESTON, WV, 25303
Notice of Process Address	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Principal Office Address	515 THIRD AVENUE SW SOUTH CHARLESTON, WV, 25303 USA
Type	Address

Officers	
Type	Name/Address
Manager	CAROLYN A. HOTES 515 THIRD AVENUE SW SOUTH CHARLESTON, WV, 25303
Organizer	BRYAN K. PROSEK 41 SOUTH HIGH STREET, SUITE 2200 COLUMBUS, OH, 43215 USA
Type	Name/Address

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

Tuesday, February 6, 2024 — 1:23 PM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>2/6/24</u> Solicitation No. <u>CMA BVH22*03</u>	Agency: West Virginia Veterans Home Procurement Officer Submitting Requisition: Joseph Crutcher Requisition No. CMA BVH 22*03 PF No.: 991457
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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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: _____

