



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia Master Agreement

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

Order Date: 11-05-2021

Order Number: CMA 0932 4825 DRS1900000001 4	Procurement Folder: 496756
Document Name: Single Audit Consultation & Training	Reason for Modification: CHANGE ORDER 3 TO RENEW CONTRACT
Document Description: Single Audit Consultation & Training	
Procurement Type: Central Master Agreement	
Buyer Name:	
Telephone:	
Email:	
Shipping Method: Best Way	Effective Start Date: 2018-11-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2022-10-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VC0000045969 MATHENY & COMPANY AC PO BOX 528 RIPLEY WV 25271 US Vendor Contact Phone: 304-372-2600 Extension:	Requestor Name: Deborah L Shuff Requestor Phone: 304-356-2365 Requestor Email: deborah.l.shuff@wv.gov																				
Discount Details: <table border="1" style="width: 100%; border-collapse: collapse;"> <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			<div style="font-size: 48pt; font-weight: bold;">22</div> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
FISCAL OFFICE DIVISION OF REHABILITATION SERVICES 107 CAPITOL ST CHARLESTON WV 25301 US	FISCAL OFFICE DIVISION OF REHABILITATION SERVICES 107 CAPITOL ST CHARLESTON WV 25301 US

Purchasing Division's File Copy

Total Order Amount:	Open End
---------------------	----------

ENTERED

TCW 11/5/21
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara 11/5/2021*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
John S. Green
 DATE: *11/10/2021*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
Jy Patel
 DATE: *11/2/2021*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

CHANGE ORDER 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: 11/1/21 - 10/31/22

RENEWALS REMAINING: (0) ZERO

NO OTHER CHANGES

ALL PROVISIONS OF THE ORIGINAL CONTRACT AND SUBSEQUENT CHANGE ORDERS NOT MODIFIED HEREIN SHALL REMAIN IN FULL FORCE AND EFFECT.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84110000			HOUR	145.000000
	Service From	Service To			

Commodity Line Description: CONSULTING & TRAINING SERVICES

Extended Description:

CONSULTING & TRAINING SERVICES

West Virginia Division of Rehabilitation Services
Administrative Offices
State Capitol • P.O. Box 50890
Charleston, West Virginia 25305-0890
P: 304.356.2060 • F: 304.558.1421
Toll-free: 1.800.642.8207
wwdrs.org
Pisnu Bua-lam, Acting Director

November 1, 2021


MATHENY & COMPANY AC

RE: DRS1900000001

Dear Mr. Matheny,

The Division of Rehabilitation Services, Fiscal Unit, requests agreement to renew your current contract, DRS1900000001, through October 31, 2022. Please sign below that you agree to this renewal under the same terms, conditions, prices and specifications contained in the original contract. The effective date of the renewal will be November 1, 2021 through October 31, 2022.

AGREED


Signature _____ President _____ Title _____ 11/4/2021 _____ Date

Please return the signed letter to my attention via FAX to 304-558-1684, or by mail at the WV Division of Rehabilitation Services, State Capitol, P.O. Box 50890, Charleston, WV 25305-0890. I have also enclosed a copy of the required No Debt Affidavit form. Please sign and have notarized and return it with this letter.

Thank you for your prompt attention to this request. Feel free to call me at 304-356-2078 with any questions.

Sincerely,


Trenton W. Morton
Administrative Services Manager I

Enclosure

cc: file

Together, we enable and empower individuals with disabilities to work and to live independently by providing individualized services to consumers and employers.