



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: 01-05-2022

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 0506 2818 HHR2000000012 4	Procurement Folder: 680596
Document Name: Change Order No. 2	Reason for Modification: Change Order No. 2 Contract renewal. Effective date of renewal 02/10/2022 through 02/09/2023. Renewal Years Remaining: One (1). No other changes.
Document Description: Accounting Technician II Temporary Staffing	
Procurement Type: Central Master Agreement	
Buyer Name:	
Telephone:	
Email:	
Shipping Method: Best Way	Effective Start Date: 2020-02-10
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2023-02-09

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000005897 INFOJINI INC 10015 OLD COLUMBIA RD STE B215  COLUMBIA MD 21046 US Vendor Contact Phone: 443-257-0086 Extension:	Requestor Name: Tara L Buckner Requestor Phone: (304) 558-9138 Requestor Email: tara.l.buckner@wv.gov																				
Discount Details:	<div style="font-size: 48px; font-weight: bold; margin: 0;">22</div> <div style="font-size: 24px; font-weight: bold; margin: 5px 0;">FILE LOCATION _____</div>																				
<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		
		Discount Allowed	Discount Percentage	Discount Days																	
#1		No	0.0000	0																	
#2		No																			
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES ADMINISTRATION AND FINANCE ONE DAVIS SQUARE, RM 300 CHARLESTON WV 25301 US

*1-6-22 BAX*

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

ENTERED

*CH 1/5/22*

<b>PURCHASING DIVISION AUTHORIZATION</b> <i>Linda Harper</i> DATE: <i>1-5-2022</i> ELECTRONIC SIGNATURE ON FILE
--

<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> <i>John S. Green</i> DATE: _____ ELECTRONIC SIGNATURE ON FILE
--

<b>ENCUMBRANCE CERTIFICATION</b> <i>Beverly Tolen</i> DATE: <i>1-12-22</i> ELECTRONIC SIGNATURE ON FILE
--

*1/11/2022*

**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 02/10/2022 through 02/09/2023.

Renewal Years Remaining: One (1).

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111605			HOUR	28.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Accounting Technician II

**Extended Description:**

Accounting Technician II



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Finance

Bill J. Crouch  
Cabinet Secretary

Tara L. Buckner  
Chief Financial Officer


December 1, 2021

Infojini, Inc.  
10015 Old Columbia Road, Suite B215  
Columbia, MD 21046

Dear Vendor:

DHHR Finance would like to renew Contract Number CMA 0506 2818 HHR20\*12 for the period of February 10, 2022 through February 9, 2023 under the same pricing, terms and conditions as the original contract including any subsequent change orders or modifications. We will need an insurance certificate showing a minimum of \$1 million general liability insurance with the State listed as the certificate holder and an additional insured.

Please sign, date and print your name and title below in acceptance of the renewal. A Purchasing Affidavit is also attached. Please return the affidavit, notarized along with this letter to email [Elizabeth.A.Webb@wv.gov](mailto:Elizabeth.A.Webb@wv.gov).

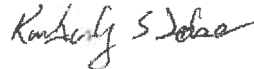
Accepted:		01/03/2022
	Signature	Date
	Sandeep Harjani	01/03/2022
	Printed Name	Date

If you have any questions or need additional information, please contact Ms. Webb via email.

Sincerely,



Tara L. Buckner, Chief Financial Officer  
West Virginia Department of Health and Human Resources

agreed,  


Attachments



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Jim Justice  
Governor**

**Chief Financial Officer**  
One Davis Square, Suite 300  
Charleston, West Virginia 25301  
Telephone: (304) 558-9918 Fax: (304) 558-1003

**Bill J. Crouch  
Cabinet Secretary**

**MEMORANDUM**

**DATE:** January 4, 2022

**TO:** Robert Price, CPPO, CPPB, WVDHHR Buyer Supervisor  
WVDHHR – Office of Purchasing

**FROM:** Tara L. Buckner, Chief Financial Officer *TLB*  
WV Department of Health and Human Resources

**SUBJECT:** Renewal of Contract for Accounting Technician II Staff

*agree,  
Kimball S. Hise*

We are requesting that Contract Number CMA 0506 2818 HHR20\*12 be renewed because the need still exists for additional staff in order to maintain timely processing.

Attached is the result of the letter going to the Infojini, Inc. for renewal. If you have any questions, please do not hesitate to contact me at (304) 558-9138.

TB/eaw

Attachment

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §81-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Enfy Inc

Authorized Signature: [Signature] Date: 1/3/2022

State of New Jersey

County of Gloucester, to-wit:

Taken, subscribed, and sworn to before me this 3 day of January, 2022

My Commission expires 09-29 2025



AFFIX SEAL HERE

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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.*

#### INFOJINI, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	12/12/2018		12/12/2018	Foreign	Profit			

Organization Information		
<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Servies - Professional, Scientific and Technical Servies - Computer Systems Design and Related Services (design, programming, facilities mgmt)	
<b>Capital Stock</b>		
<b>Charter County</b>	<b>Control Number</b>	0
<b>Charter State</b>	MD	<b>Excess Acres</b>
<b>At Will Term</b>	<b>Member Managed</b>	
<b>At Will Term Years</b>	<b>Par Value</b>	
<b>Authorized Shares</b>	<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Local Office Address</b>	10015 OLD COLUMBIA ROAD B215 COLUMBIA, MD, 21046
<b>Mailing Address</b>	10015 OLD COLUMBIA ROAD,SUITE B215 COLUMBIA, MD, 21046

USA

**Notice of Process Address**

C T CORPORATION SYSTEMS  
1627 QUARRIER ST  
CHARLESTON, WV, 25311

**Principal Office Address**

10015 OLD COLUMBIA ROAD,SUITE B215  
COLUMBIA, MD, 21046  
USA

**Type**

**Address**

**Officers**

**Type**

**Name/Address**

**Director**

SANDEEP HARJANI  
88 MORGAN STREET  
SUITE 4805  
JERSEY CITY, NJ, 07302

**President**

SANDEEP HARJANI  
88 MORGAN STREET  
SUITE 4805  
JERSEY CITY, NJ, 07302

**Secretary**

SANDEEP HARJANI  
88 MORGAN STREET  
SUITE 4805  
JERSEY CITY, NJ, 07302

**Treasurer**

SANDEEP HARJANI  
88 MORGAN STREET  
SUITE 4805  
JERSEY CITY, NJ, 07302

**Type**

**Name/Address**

**Annual Reports**

**Filed For**

2021

2020

2019

**Date filed**

[File Your Current Year Annual Report Online Here](#)

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

Wednesday, January 5, 2022 — 1:33 PM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Assurance, a Marsh & McLennan Agency LLC company  
20 N Martingale Road  
Suite 100  
Schaumburg IL 60173

**CONTACT NAME:** Samantha Meccia  
**PHONE (A/C, No., Ext):** 312-625-5957 **FAX (A/C, No.):** (847) 440-9126  
**E-MAIL ADDRESS:** smeccia@assuranceagency.com

**INSURED**  
Infojini, Inc.  
10015 Old Columbia Road, Suite B215  
Columbia MD 21046

INFOINC-02

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Insuran	18058
INSURER B: Philadelphia Insurance Company	23850
INSURER C: AmTrust North America Inc.	15954
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 911771388

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2240911	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2240911	2/28/2021	2/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB757403	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC3962244 WWC3522105	2/28/2021 2/28/2021	2/28/2022 2/28/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Crime (Loss of Client's Property)			PHSD1610519	2/28/2021	2/28/2022	Agg: 5,000,000 Occ: 5,000,000
A	Employment Practices Liability			PHSD1610519	2/28/2021	2/28/2022	Agg: 3,000,000 Occ: 3,000,000
B	Professional Liability			PHPK2240911	2/28/2021	2/28/2022	Agg: 2,000,000 Occ: 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Compensation and Employers' Liability: Any Proprietor/Partner/Executive Officer/Member, as listed on the policy, is excluded.

Tech E&O-PHPK2240891- Effective 2/28/2021 - 2/28/2022- Each Claim Limit: \$10,000,000- Aggregate: \$10,000,000- Philadelphia Idemnity Insurance Company  
Network Security Privacy Injury-PHPK2240891- Effective 2/28/2021 - 2/28/2022- Each Claim Limit: \$10,000,000- Aggregate: \$10,000,000

It is agreed that the Certificate Holder is Additional Insured, when required by written contract, on the General Liability with respect to operations performed by the Named Insured in connection with this project.

## CERTIFICATE HOLDER

State of West Virginia - Department of Health and Human Services (Finance)  
One Davis Square, Suite 403  
Charleston WV 25301

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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