



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: 01-04-2022

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 HHR2000000013 4	Procurement Folder:	680597
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:	VS0000009518			Requestor Name:	Tara L Buckner
VTECH SOLUTION INC				Requestor Phone:	(304) 558-9138
1100 H ST NW STE 450				Requestor Email:	tara.l.buckner@wv.gov
WASHINGTON	DC	20005-5479			
US					
Vendor Contact Phone:	202-241-0167	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0	<div style="font-size: 48px; font-weight: bold;">22</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION _____</div>	
#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
BAT

Purchasing Division's File Copy

Total Order Amount:	Open End
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ENTERED

CH 1/4/22

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

ATTORNEY GENERAL APPROVAL AS TO FORM
<i>John S. Gray</i>
DATE:
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
<i>Beverly Toler</i>
DATE: 1-12-22
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	29.410000
	Service From	Service To			

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

vTech Solutions, Inc.
1100 H Street NW, Suite 450
Washington, DC 20005

Dear Vendor:

DHHR Finance would like to renew Contract Number CMA 0506 2818 HHR20*13 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.

Accepted:		12/29/2021
	Signature	Date
	Anisha Vataliya	12/29/2021
	Printed Name	Date
	President	

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

ok to renew
Kimberly S. Jobe

Attachments

Accounting Technician II Temporary Staffing

Contract Usage Schedule

The contract for Accounting Technician II Temporary Staffing is a progressive contract. This was a progressively awarded contract. The low bid was designated as the "A" vendor, the next lowest bid was designated as the "B" vendor and so on.

Vendor A will have the first opportunity to provide temporary employee(s). DHHR shall contact Vendor A by email to fill a position in the temporary employee classification. Vendor shall reply to DHHR with forty-eight (48) hours. If Vendor A is unable to supply the temporary employee or does not respond to DHHR within forty-eight (48) hours, the next awarded vendor shall be contacted.

Contract	Vendor	Contract Manager	Phone Number	Email
CMA HHR20*07	Express Services, Inc. (Vendor A)	Shelly Carroll	304-746-8888	Shelly.Carroll@expresspros.com
CMA HHR20*08	Saunders Staffing, Inc. (Vendor B)	Connie Saunders	304-325-3273	saunderssem@saundersstaffing.net
CMA HHR20*09	The Hackett Praxis, LLC (Vendor C)	Marlene Hackett	304-945-3072 ext. 104	ceo@thehackettpraxis.com
CMA HHR20*11	Home Care Advantage, Inc. dba HCA Staffing (Vendor E)	Larry Manners	1-844-604-7344 or 724-465-5863	l.manners@hcastaffing.com
CMA HHR20*12	Infojini, Inc. (Vendor F)	Sandeep Harjani	443-257-0086	statebids@infojiniconsulting.com
CMA HHR20*13	vTech Solutions, Inc. (Vendor G)	Israt Shoily	202-241-0071	israt.s@vtechsolution.com

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 §61-5-3) 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: vTech Solution Inc

Authorized Signature: [Signature] Date: 12/29/2021

State of Virginia

County of Fairfax, to-wit:

Taken, subscribed, and sworn to before me this 29th day of December, 2021.

My Commission expires 04/30/2023

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

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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.

VTECH SOLUTION INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	12/30/2016		12/30/2016	Foreign	Profit			

Organization Information		
Business Purpose	5182 - Information - Data Processing, Hosting, and Related Services - Data Processing, Hosting and Related Services	
Charter County	Capital Stock	
Charter State	VA	Control Number
At Will Term	Excess Acres	
At Will Term Years	Member Managed	
Authorized Shares	Par Value	
	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
Mailing Address	1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005 USA

Notice of Process Address	INCORP SERVICES, INC. 555 POCA RIVER RD N POCA, WV, 25159
Principal Office Address	1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005 USA
Type	Address

Officers	
Type	Name/Address
	KAPIL PATEL 1100 H STREET NW SUITE 450 WASHINGTON, DC, 20005
Director	HARESH VATALIYA 1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
Director	ANISHA VATALIYA 1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
President	ANISHA VATALIYA 1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
Secretary	KAPIL PATEL 1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
Treasurer	HARESH VATALIYA 1100 H STREET NW SUITE 750 WASHINGTON, DC, 20005
Type	Name/Address

Annual Reports	
Filed For	Date filed
2021	
2020	
2019	
2018	
2017	

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

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

Monday, January 3, 2022 — 12:34 PM

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2022

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 KUNDRA INSURANCE AGENCY INC. P. O. BOX 889 CENTREVILLE, VA 20122	CONTACT NAME: VIPEN K. KUNDRA	
	PHONE (A/C, No., Ext): 703-222-3672	FAX (A/C, No.): 703-222-3757
	E-MAIL ADDRESS: VK@KUNDRAUSA.COM	
INSURED VTECH SOLUTION INC 1100 H STREET N.W. SUITE 750 WASHINGTON, DC 20005	INSURER(S) AFFORDING COVERAGE	
	INSURER A: HARTFORD UNDERWRITER INSURANCE CO.	NAIC # 30104
	INSURER B: HARTFORD ACCIDENT & INDEMNITY COMPANY	22357
	INSURER C: TRAVELERS INSURANCE COMPANY	87726
	INSURER D: HARTFORD FIRE INSURANCE COMPANY	19682
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability	Y	42 SBA AN2FV2	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		42 UEC AE6143	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		42 SBA AN2FV2	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
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	N/A	UB-006S283705	08/08/2021	08/08/2022 <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	FailSafe Technology (E&O) liability with Cyber Security		42 SBA AN2FV2	09/01/2021	09/01/2022	E&O--\$5,000,000 per Occurance/ \$5,000,000 per Aggregate--\$25,000 Ded
D	Hartford CrimeShield-3rd party		TP 0383412 21	04/24/2021	04/24/2022	Crime--\$5,000,000-\$25,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
COMPUTER IT CONSUTANTS, INTERNET ACCESS/WEB SITE & DATA HOSTING/ IT CONNECTIVITY SERVICES AND IT STAFFING SERVICES

The State of West Virginia is included as additional insured for general liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
The State of West Virginia, Department of Health & Human Resources Finance, One Davis Square, Suite 403 Charleston WV 25301	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 VIPEN K. KUNDRA