



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: 10-31-2022

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 0613 9905 VNF22000001 2	Procurement Folder:	1006932
Document Name:	Direct Care Nursing Staffing Services	Reason for Modification:	Change Order No 1 to renew the contract.
Document Description:	Direct Care Nursing Staffing Services		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-02-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2023-04-26

VENDOR	DEPARTMENT CONTACT																				
<b>Vendor Customer Code:</b> VS0000018362 NATIONAL HEALTH CARE SOLUTIONS LLC 3021 BERKS WAY STE 201  RALEIGH NC 27614 US <b>Vendor Contact Phone:</b> 8777976427 <b>Extension:</b>  <b>Discount Details:</b> <table border="1"> <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			<b>Requestor Name:</b> Michael A Clevenger <b>Requestor Phone:</b> 304-626-1600 <b>Requestor Email:</b> michaelclevenger06@gmail.com  <div style="font-size: 2em; font-weight: bold; text-align: center;">23</div> <p style="text-align: center;">FILE LOCATION _____</p>
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

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

Total Order Amount: \_\_\_\_\_ Open End

Purchasing Division's File Copy

ENTERED

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tara Hyle 10/31/2022*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John S. Gray 11/4/2022*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
*Beverly T. Lee*  
 DATE: *11-4-2022*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No. 1 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 10/26/2022 through 4/26/2023 or until new contracts are awarded, whichever comes first.

Renewal Months Remaining: 30 months

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601			LS	0.000000
	<b>Service From</b>	<b>Service To</b>			
	2022-02-15	2023-04-26			

**Commodity Line Description:** Nursing services

**Extended Description:**

See attached pricing page for hourly rates for all positions, RN, LPN, HSW/CNA.



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

October 10, 2022

James Roberto  
National Health Care Solutions LLC  
3021 Berks Way STE 201  
Raleigh, NC 27614

Re: Renewal CMA 0613 9905 VNF22\*01I

Dear Mr. Roberto

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 10/26/2022 through 04/26/2023 (6 months) or until a new contract is in place, whichever occurs first. 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, please feel free to contact me at (304) 626-1600 x2015.

Regards,

Peggy Alexander  
Administrative Services Manager

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.

SIGNATURE

10-11-2022  
DATE

LINDA CHILES, PRESIDENT  
PRINT-NAME

*An Equal Opportunity Employer*