



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: 01-12-2023

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 HHR2000000008 5	Procurement Folder:	680590
Document Name:	Change Order No. 3	Reason for Modification:	Change Order No. 3 to Renew.
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:	2024-02-09

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	000000206538			Requestor Name:	Tara L Buckner
SAUNDERS STAFFING INC				Requestor Phone:	(304) 558-9138
PO BOX 211				Requestor Email:	tara.l.buckner@wv.gov
BLUEFIELD	WV	24701	<div style="font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____		
US					
Vendor Contact Phone:	304-325-3369	Extension: 1007			
Discount Details:					
	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	BUYER - 304-957-0209
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
FINANCE	ADMINISTRATION AND FINANCE
ONE DAVIS SQUARE, STE 300	ONE DAVIS SQUARE, RM 300
CHARLESTON WV 25301	CHARLESTON WV 25301
US	US

*Jan 11/12/2023*

Purchasing Division's File Copy

Total Order Amount:	Open End
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**ENTERED**

*CH 11/12/23*

PURCHASING DIVISION AUTHORIZATION  
 DATE: *Jan 12-23*  
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM  
 DATE: *Jan 17/2023*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *1/18/2023*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order 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 02/10/2023 through 02/09/2024.

Renewal Years Remaining: ZERO

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111605			hour	21.290000
	<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

One Davis Square, Suite 300  
Charleston, WV 25301

Telephone: (304) 352-6634 Fax: (304) 558-1003

Jeffrey H. Coben, MD  
Interim Cabinet Secretary

Tara L. Buckner  
Chief Financial Officer

MEMORANDUM

**DATE:** January 5, 2023

**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

We are requesting that Contract Number CMA 0506 2818 HHR20\*08 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 Saunders Staffing, Inc. for renewal. If you have any questions, please do not hesitate to contact me at (304) 558-9138.

TB/eaw

Attachment

*Kimberly S. Gobe*  
ok to renew



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Finance  
One Davis Square, Suite 300  
Charleston, WV 25301

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Jeffrey H. Coben, MD  
Interim Cabinet Secretary

Tara L. Buckner  
Chief Financial Officer

December 27, 2022

Saunders Staffing, Inc.  
P.O. Box 211  
400 North Street  
Bluefield, WV 24701

Dear Vendor:

DHHR Finance would like to renew Contract Number CMA 0506 2818 HHR20\*08 for the period of February 10, 2023 through February 9, 2024 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: Connie Saunders 1/4/23  
Signature Date

Connie Saunders 1/4/23  
Printed Name Date

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

Sincerely,

*Tara L. Buckner*

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

*Kimberly S. Gobe*  
ok to renew

Attachment