

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: 01-20-2023

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 HHR2000000012 5	Dragues at Fall	
Document Name:	Change Order No. 3 - Acctng Tech II Temporary Staff	Procurement Folder:  Reason for Modification:	680596
Document Description:	Accounting Technician II Temporary Staffing	Change Order 3 to Renew	
Procurement Type:	Central Master Agreement		
Buyer Name:	<u> </u>		
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	
Free on Board:	FOB Dest, Freight Prepaid		2020-02-10
	1	Effective End Date:	2024-02-09

- 10		VENDOR	ELD BY ETERNISH	(PERSONAL MENTAL AND ASSESSMENT OF THE PARTY	DEPARTMENT CONTACT
INFO	dor Customer Code: OJINI INC 15 OLD COLUMBIA RD	VS0000005897 STE B215		Requestor Name: Requestor Phone: Requestor Email:	Tara L Buckner (304) 558-9138 tara.l.buckner@wv.gov
COL US	UMBIA	MD	21046		
	dor Contact Phone:	443-257-0086 Extens	sion:	FIL	E LOCATION
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0	-	
	No			-	
#2	110				
	No				

INVOICE TO			SHIP TO	
BUYER - 304-957-0209		BUYER - 304-957-0209	SHIF 10	
HEALTH AND HUMAN RESOURCE	S	HEALTH AND HUMAN RESOURCE	CES	
FINANCE		ADMINISTRATION AND FINANCE	<u> </u>	
ONE DAVIS SQUARE, STE 300		ONE DAVIS SQUARE, RM 300		
CHARLESTON	WV 25301	CHARLESTON	WV 25301	
US		US		

1-26.22 BAS

**Total Order Amount:** Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE:

ELECTRONIC SIGNATURE ON FILE

Date Printed: Jan 23, 2023 Order Number: CMA 0506 2818 HHR2000000012 5

Page: 1

FORM ID: WV-PRC-CMA-002 2020/01

## **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

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	
1	80111605				Unit Price
	Service From	Service To		HOUR Sonder County	28.000000
	2020-02-10	2024-02-09		Service Contract Amount 0.00	

**Extended Description:** 

CO 3 -

Accounting Technician II

Date Printed: Jan 23, 2023 Order Number: CMA 0506 2818 HHR2000000012 5

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FORM ID: WV-PRC-CMA-002 2020/01



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

#### Finance

Jeffrey H. Coben, MD Interim Cabinet Secretary

One Davis Square, Suite 300 Charleston, WV 25301 Telephone: (304) 352-6634 Fax: (304) 558-1003

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 SXB 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\*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 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. Jobe

ok to renew



# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

## Finance

Jeffrey H. Coben, MD Interim Cabinet Secretary One Davis Square, Suite 300 Charleston, WV 25301 Telephone: (304) 352-6634 Fax: (304) 558-1003

Tara L. Buckner Chief Financial Officer

December 27, 2022

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, 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.

Accepted: 01/03/2023

Date

Binita Rajput 01/03/2023

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

Kimberly S. Jobe

Attachment

ok to renew