



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: 03-27-2023

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 0613 9905 VNF22000001E 4	Procurement Folder:	959474
Document Name:	Direct Care Nursing Staffing Services	Reason for Modification:	
Document Description:	Direct Care Nursing Staffing Services	Change Order No. 3 - to cancel the contract in its entirety, effective 3/10/2023.	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-10-26
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2023-03-10

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000019712 ALL AMERICAN HEALTHCARE SERVICES INC PO BOX 825968 PHILADELPHIA PA 19182 US Vendor Contact Phone: 866-629-2242 Extension: 800 Discount Details: <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			Requestor Name: Michael A Clevenger Requestor Phone: 304-626-1600 Requestor Email: michaelclevenger06@gmail.com <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____
	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: *Tanya 3/28/2023*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray 3/30/2023*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *3/31/2023*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order No. 3 - to cancel the contract in its entirety effective 3/10/2023.

The end date on Change Order No. 2 was 4/26/2023, however, the contracts could be cancelled upon new contracts being awarded at the agency level per the bid requirements, specifications and vendor bids for CRFQ VNF23*04, Procurement Folder No. 1120188 and subsequent prequalification contracts issued CMA VNF23*01A through CMA VNF23*01L.

Cancellation Effective Date: 03/10/2023

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101601			LS	0.000000
	Service From	Service To		Service Contract Amount	
	2021-10-26	2023-03-10		0.00	

Commodity Line Description: Nursing services

Extended Description:

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