



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.

<b>Order Number:</b>	CMA 0613 9905 VNF220000011 3	<b>Procurement Folder:</b>	1006932
<b>Document Name:</b>	Direct Care Nursing Staffing Services	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Direct Care Nursing Staffing Services	Change Order No. 2 - to cancel the contract in its entirety, effective 3/10/2023.	
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2022-02-15
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2023-03-10

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="text-align: center; font-size: 2em; font-weight: bold;">23</div> <b>FILE LOCATION</b> _____
	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:** *Tana Hefner 3/28/2023*  
**ELECTRONIC SIGNATURE ON FILE**

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

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

**Extended Description:**

Change Order No. 2 - to cancel the contract in its entirety effective 3/10/2023.

The end date on Change Order No. 1 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	
	2022-02-15	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.