



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: 02-23-2024

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 VNF2100000008 4	<b>Procurement Folder:</b>	816359
<b>Document Name:</b>	Elopement Prevention System Maintenance & Repair	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Elopement Prevention System Maintenance & Repair	Change Order No 3 To Renew Contract	
<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>	2021-03-15
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-03-14

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000176707			<b>Requestor Name:</b>	Michael A Clevenger
SECURE CARE HEALTH SYSTEMS INC				<b>Requestor Phone:</b>	304-626-1600
6968 ENGLE RD				<b>Requestor Email:</b>	michaelclevenger06@gmail.com
MIDDLEBURG HTS		OH	44130		
US					
<b>Vendor Contact Phone:</b>	440-826-0324	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	1		
#2	No				
#3	No				
#4	No				

**24**  
 FILE LOCATION \_\_\_\_\_

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

2-23-24 66

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

01/23/24

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tanya 2/23/2024*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John L. Gray*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
 DATE: *Sanjay 3-11-24*  
 ELECTRONIC SIGNATURE ON FILE

*2/29/2024*

**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 3/15/2024 through 3/14/2025.

Renewals Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	92121700			EA	0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2021-03-15	2025-03-14		0.00	

**Commodity Line Description:** Elopement Prevention System maintenance

**Extended Description:**

Security System Services



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

January 23, 2024

Ryan Mierau  
Secure Care Health Systems Inc  
6968 Engle Rd  
Middlebourne Hts, OH 44130

RE: Renewal CMA 0613 9905 VNF21\*08

Dear Mr. Mierau,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 3/15/2024 to 3/14/2025. 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, feel free to contact me at (304) 626-1600 .

Regards,

Michael Clevenger  
Procurement Supervisor

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.

X  
SIGNATURE

02/01/24

DATE

PRINT NAME

RYAN MIERAU

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### SECURE CARE HEALTH SYSTEMS, INCORPORATED

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	11/13/2008		11/13/2008	Foreign	Profit			

Organization Information								
<b>Business Purpose</b>	4543 - Retail Trade - Nonstore Retailers - Direct Selling Establishments Inc. Fuel Dealers			<b>Capital Stock</b>				
<b>Charter County</b>				<b>Control Number</b>	99BYI			
<b>Charter State</b>	OH	<b>Excess Acres</b>						
<b>At Will Term</b>				<b>Member Managed</b>				
<b>At Will Term Years</b>				<b>Par Value</b>				<a href="#">× Close</a>
<b>Authorized Shares</b>				<b>Ent</b>	Hi, I'm SOLO I'm here to help you launch your new LLC.			

Addresses

Type	Address
<b>Local Office Address</b>	6968 ENGLE ROAD MIDDLEBURG HTS., OH, 441303420
<b>Mailing Address</b>	6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420 USA
<b>Notice of Process Address</b>	RYAN MIERAU 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
<b>Principal Office Address</b>	6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420 USA
Type	Address

Officers	
Type	Name/Address
<b>President</b>	HOWARD LAUNSBACH 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
<b>Vice-President</b>	RYAN MIERAU 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
Type	Name/Address

Annual Reports	
Filed For	
2023	
2022	
2021	
2020	× Close
2019	
2018	
2017x	
2017	
2016	
2015	

Hi, I'm SOLO I'm here to help you launch your new LLC.

2014
2013
2012
2011
2010
<b>Date filed</b>

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For more information, please contact the Secretary of State's Office at 304-558-8000.

Friday, February 23, 2024 — 7:41 AM

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× Close

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Dec 13, 2023



**See All Alerts**

**Entity Validation Processing** Show Details  
Feb 22, 2024



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e.g. 1606N020Q02

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All Words 

Exact Phrase 

e.g. 1606N020Q02

"secure care health systems inc" 

### Federal Organizations

Enter Code or Name



Status

- Active
- Inactive

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>2/23/2024</u> Solicitation No. <u>CMA VNF21*08</u>	Agency: WVNF
	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNF21*08
	PF No.: 816359

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: David Pauline