



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: 01-24-2024

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 VNF240000004 2 | Procurement Folder: | 1304705 |
| Document Name: | Long Term Care Beds | Reason for Modification: | Change Order No. 1 - to decrease the unit price for a bed in Section 3.4 per the attached documentation. |
| Document Description: | Long Term Care Beds | | |
| Procurement Type: | Central Master Agreement | | |
| Buyer Name: | | | |
| Telephone: | | | |
| Email: | | | |
| Shipping Method: | Best Way | Effective Start Date: | 2024-01-01 |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: | 2024-12-31 |

| VENDOR | | DEPARTMENT CONTACT | |
|--------------------------------------------------------------------------------|-------------------------|----------------------------|----------------------------|
| Vendor Customer Code: | 000000110771 | Requestor Name: | Michael A Clevenger |
| MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS LLC 9954 MAYLAND DR STE 5176 | | Requestor Phone: | 304-626-1600 |
| HENRICO VA 23233 US | | Requestor Email: | michael.a.clevenger@wv.gov |
| Vendor Contact Phone: | 999-999-9999 | Extension: | |
| Discount Details: | | | |
| | Discount Allowed | Discount Percentage | Discount Days |
| #1 | No | 0.0000 | 0 |
| #2 | No | | |
| #3 | No | | |
| #4 | No | | |

24
 FILE LOCATION _____

| 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 |

1-29-24 bc

| | |
|----------------------------|----------|
| Total Order Amount: | Open End |
|----------------------------|----------|

Purchasing Division's File Copy

1/29/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara He 1/29/2024*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *1-31-24*
 ELECTRONIC SIGNATURE ON FILE

1/30/2024

Extended Description:

Change Order No. 1 - to decrease the unit price for a bed in Section 3.4, Mfg #MM50042 (mattress for LTC Bariatric bed; 42" wide x 6" deep x 80" long) from \$379.35 to \$378.26 per the attached documentation.

Revised pricing page attached.

Effective date of change: 1/12/2024

No other changes

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 1 | 42191800 | | | EA | 0.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | 0.00 | |

Commodity Line Description: Long Term Care Beds

Extended Description:

Change Order No. 1 - revised pricing page attached to reflect decreased unit price for a bed in Section 3.4 - Mfg #MM50042 (mattress for LTC Bariatric bed; 42" wide x 6" deep x 80" long) .

See attached Exhibit "A" Pricing Page to input pricing for bid, as instructed in the Solicitation Documents Specifications Section 5.2 Pricing Page.

Long Term Care Beds for the WVNF

Revised Pricing Pages
Change Order No. 1

PRICING PAGE
LONG TERM CARE BEDS AND ACCESSORIES

| Item Number | Item Description | Manufacturer, Make, Model # (Vendor to list here) | Price Each | *Est. Qty | Extended Price |
|-------------------------|------------------------------------------|---------------------------------------------------|------------|-----------|----------------|
| 3.1 | Long Term Care bed | AC-N | 2,183.70 | | |
| | Headboard and Footboard | #6882 | 140.22 | | |
| | Control Panel | ACT-s | 1,956.52 | | |
| | 4" Bed Extender | BEX-AC | 251.09 | | |
| | Battery Backup | ACBATT | 214.13 | | |
| 3.2 | Mattresses for LTC beds | | | | |
| | 35" wide x 6" deep x 84" long | MM50084 | 325.00 | | |
| | 39" wide x 6" deep x 84" long | MM5003984 | 352.17 | | |
| | 42" wide x 6" deep x 84" long | MM5004284 | 395.65 | | |
| | 35" wide x 6" deep x 80" long | MM50080 | 314.13 | | |
| | 39" wide x 6" deep x 80" long | MM50039 | 325.00 | | |
| | 42" wide x 6" deep x 80" long | MM50042 | 378.26 | | |
| 3.3 | LTC Bariatric Bed | EX8000 | 3,506.52 | | |
| | Headboard and Footboard | #6533 | 84.78 | | |
| | Control Panel | act-s | 1,956.52 | | |
| | 4" Extender | BABEX | 251.09 | | |
| | Battery Backup | BABATT | 204.35 | | |
| 3.4 | Mattresses for LTC Bariatric beds | | | | |
| | 35" wide x 6" deep x 84" long | MM50084 | 325.00 | | |
| | 39" wide x 6" deep x 84" long | MM5003984 | 352.17 | | |
| | 42" wide x 6" deep x 84" long | MM5004284 | 395.65 | | |
| | 48" wide x 6" deep x 84" long | MM6004884 | 484.78 | | |
| | 35" wide x 6" deep x 80" long | MM50080 | 314.13 | | |
| | 39" wide x 6" deep x 80" long | MM50039 | 325.00 | | |
| | 42" wide x 6" deep x 80" long | MM50042 | 378.26 | | |
| | 48" wide x 6" deep x 80" long | MM6004880 | 468.48 | | |
| 3.5 | Trapeze Lift | BATRAP | 422.83 | | |
| 3.6 | Safety Mat | ACSM | 303.26 | | |
| 3.7 | Safety Mat replacement cover | #7024 | 111.96 | | |
| Page 1 Subtotal: | | | | | |

* Quantities are Estimates only and not a guarantee of purchase.

**Vendor must take into consideration freight and fuel charges will not be paid separately.

| | |
|----------------|--|
| VENDOR: | |
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Continued on Next Page

**EXHIBIT A
PRICING PAGE
LONG TERM CARE BEDS**

Page 2 of 2

| Item Number | Item Description | Manufacturer, Make, Model # (Vendor to list here) | Price Each | *Est. Qty | Extended Price |
|------------------------------------|----------------------------------------|---------------------------------------------------|------------|-----------|----------------|
| 3.8 | Mattress Bolster | | | | |
| | 3" wide x 6" deep x 80" long | MATTEXT380 | 114.13 | | |
| | 3" wide x 6" deep x 84" long | MATTEXT384 | 105.43 | | |
| 3.9 | Ambient lighting | UBL | 143.48 | | |
| 3 | Embedded bed controls | | | | |
| | Embedded in head rail | UD3AC | 450.00 | | |
| | Embedded in assist bar | AB3C | 379.35 | | |
| 3.11 | Rails and Assist Bars | | | | |
| | Side Rail Set, 2 position | UD | 232.61 | | |
| | Side Rail Set, 2 position, Ext. Height | UD-H | 307.61 | | |
| | Pivoting Assist Bar Set | ASRL-PL;ASRL-PR | 98.91 | | |
| | Pivoting Assist Bar with SoftTouch Set | ASRL-STL;ASRL-STR | 133.70 | | |
| 3.12 | Handset replacement | #6956 | 170.65 | | |
| 3.13 | Cord replacement | #6201 | 34.78 | | |
| 3.13 | Caster replacement, locking | #7390 | 46.47 | | |
| Page 2 Subtotal: | | | | | |
| Subtotal from Page 1 above: | | | | | |
| GRAND TOTAL: | | | | | |

* Quantities are Estimates only and not a guarantee of purchase.

**Vendor must take into consideration freight and fuel charges will not be paid separately.

| | |
|-----------------|----------------------------------------------------|
| VENDOR: | McKesson Medical-Surgical Government Solution LLC |
| ADDRESS: | 9954 Mayand Drive, Suite 5176 Henrico, VA 23233 |
| PHONE: | Office: 833-343-2700 Cell: |
| EMAIL: | government.bids@mckesson.com |
| NAME: | Eury Jung |
| TITLE: | Manager, State and Local Proposal Team |



Pauline, David H <david.h.pauline@wv.gov>

Final Award Pricing Confirmation - CRFQ VNF24*04 LTC Beds

Reynolds, Jessica (2) <Jessica.Reynolds2@mckesson.com>

Fri, Jan 12, 2024 at 2:59 PM

To: "david.h.pauline@wv.gov" <david.h.pauline@wv.gov>

Cc: "Jung, Eury" <Eury.Jung@mckesson.com>, "Hammond, Jody" <Jody.Hammond@mckesson.com>, "gregory.c.clay@wv.gov" <gregory.c.clay@wv.gov>, "Lyle, Tara L" <tara.l.lyle@wv.gov>

Dear Customer – While processing the award, we noticed that we inadvertently submitted two different prices for an item.

- Item #3.2 – Mfg #MM50042, Bid Price: \$378.26 EA
- Item #3.4 – Mfg #MM50042, Bid Price: \$379.35 EA

McKesson would like to honor the lower price of \$378.26 EA for both line items. Do you accept this McKesson sell price? Upon acceptance, the update to line #3.4 would change Page 1 Subtotal to \$955,299.25 (Submission Subtotal \$955,310.15) and the GRAND TOTAL to \$994,959.75 (Submission GRAND TOTAL \$994,970.65.)

EXHIBIT A

PRICING PAGE

LONG TERM CARE BEDS AND ACCESSORIES

Page 1 of 2

| Item Number | Item Description | Manufacturer, Make, Model # (Vendor to list here) | Price Each | *Est. Qty | Extended Price |
|-------------|--------------------------------|---------------------------------------------------|------------|-----------|----------------|
| 3.1 | Long Term Care bed | AC-N | 2,183.70 | 120 | \$ 262,044.00 |
| | Headboard and Footboard | #6882 | 140.22 | 240 | \$ 33,652.80 |
| | Control Panel | ACT-s | 1,956.52 | 120 | \$ 234,782.40 |
| | 4" Bed Extender | BEX-AC | 251.09 | 120 | \$ 30,130.80 |
| | Battery Backup | ACBATT | 214.13 | 120 | \$ 25,695.60 |
| 3.2 | Mattresses for LTC beds | | | | |
| | 35" wide x 6" deep x 84" long | MM50084 | 325.00 | 120 | \$ 39,000.00 |
| | 39" wide x 6" deep x 84" long | MM5003984 | 352.17 | 120 | \$ 42,260.40 |

| | | | | | |
|-------------------------|------------------------------------------|-----------|-----------------------------|-----|----------------------------|
| | 42" wide x 6" deep x 84" long | MM5004284 | 395.65 | 120 | \$ 47,478.00 |
| | 35" wide x 6" deep x 80" long | MM50080 | 314.13 | 120 | \$ 37,695.60 |
| | 39" wide x 6" deep x 80" long | MM50039 | 325.00 | 120 | \$ 39,000.00 |
| | 42" wide x 6" deep x 80" long | MM50042 | 378.26 | 120 | \$ 45,391.20 |
| 3.3 | LTC Bariatric Bed | EX8000 | 3,506.52 | 10 | \$ 35,065.20 |
| | Headboard and Footboard | #6533 | 84.78 | 20 | \$ 1,695.60 |
| | Control Panel | act-s | 1,956.52 | 10 | \$ 19,565.20 |
| | 4" Extender | BABEX | 251.09 | 10 | \$ 2,510.90 |
| | Battery Backup | BABATT | 204.35 | 10 | \$ 2,043.50 |
| 3.4 | Mattresses for LTC Bariatric beds | | | | |
| | 35" wide x 6" deep x 84" long | MM50084 | 325.00 | 10 | \$ 3,250.00 |
| | 39" wide x 6" deep x 84" long | MM5003984 | 352.17 | 10 | \$ 3,521.70 |
| | 42" wide x 6" deep x 84" long | MM5004284 | 395.65 | 10 | \$ 3,956.50 |
| | 48" wide x 6" deep x 84" long | MM6004884 | 484.78 | 10 | \$ 4,847.80 |
| | 35" wide x 6" deep x 80" long | MM50080 | 314.13 | 10 | \$ 3,141.30 |
| | 39" wide x 6" deep x 80" long | MM50039 | 325.00 | 10 | \$ 3,250.00 |
| | 42" wide x 6" deep x 80" long | MM50042 | 378.26 379.35 | 10 | 3,782.60 3793.5 |
| | 48" wide x 6" deep x 80" long | MM6004880 | 468.48 | 10 | \$ 4,684.80 |
| 3.5 | Trapeze Lift | BATRAP | 422.83 | 25 | \$ 10,570.75 |
| 3.6 | Safety Mat | ACSM | 303.26 | 50 | \$ 15,163.00 |
| 3.7 | Safety Mat replacement cover | #7024 | 111.96 | 10 | \$ 1,119.60 |
| Page 1 Subtotal: | | | | | \$ 955,299.25 |

* Quantities are Estimates only and not a guarantee of purchase.

**Vendor must take into consideration freight and fuel charges will not be paid separately.

| | |
|----------------|--|
| VENDOR: | |
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Continued on Next Page

EXHIBIT A

PRICING PAGE

LONG TERM CARE BEDS

Page 2 of 2

| Item Number | Item Description | Manufacturer, Make, Model # (Vendor to list here) | Price Each | *Est. Qty | Extended Price |
|--------------------|----------------------------------------|----------------------------------------------------------|-------------------|------------------|-----------------------|
| 3.8 | Mattress Bolster | | | | |
| | 3" wide x 6" deep x 80" long | MATTEXT380 | 114.13 | 10 | \$ 1,141.30 |
| | 3" wide x 6" deep x 84" long | MATTEXT384 | 105.43 | 10 | \$ 1,054.30 |
| 3.9 | Ambient lighting | UBL | 143.48 | 120 | \$ 17,217.60 |
| 3.10 | Embedded bed controls | | | | |
| | Embedded in head rail | UD3AC | 450.00 | 10 | \$ 4,500.00 |
| | Embedded in assist bar | AB3C | 379.35 | 10 | \$ 3,793.50 |
| 3.11 | Rails and Assist Bars | | | | |
| | Side Rail Set, 2 position | UD | 232.61 | 10 | \$ 2,326.10 |
| | Side Rail Set, 2 position, Ext. Height | UD-H | 307.61 | 10 | \$ 3,076.10 |
| | Pivoting Assist Bar Set | ASRL-PL;ASRL-PR | 98.91 | 10 | \$ 989.10 |
| | Pivoting Assist Bar with SoftTouch Set | ASRL-STL;ASRL-STR | 133.70 | 10 | \$ 1,337.00 |
| | | | | | |

| | | | | | | |
|------------------------------------|------------------------------------|-------|--------|----|----|---------------|
| 3.12 | Handset replacement | #6956 | 170.65 | 20 | \$ | 3,413.00 |
| 3.13 | Cord replacement | #6201 | 34.78 | 10 | \$ | 347.80 |
| 3.13 | Caster replacement, locking | #7390 | 46.47 | 10 | \$ | 464.70 |
| Page 2 Subtotal: | | | | | | \$ 39,660.50 |
| Subtotal from Page 1 above: | | | | | | \$ 955,299.25 |
| GRAND TOTAL: | | | | | | \$ 994,959.75 |

* Quantities are Estimates only and not a guarantee of purchase.

**Vendor must take into consideration freight and fuel charges will not be paid separately.

| | | |
|-------------------|---------------------------------------------------|-------|
| VENDOR: | McKesson Medical-Surgical Government Solution LLC | |
| ADDRESS: | 9954 Mayand Drive, Suite 5176 | |
| | Henrico, VA 23233 | |
| PHONE: | Office: 833-343-2700 | Cell: |
| EMAIL: | government.bids@mckesson.com | |
| NAME: | | |
| TITLE: | | |
| SIGNATURE: | | Date: |

Thank you,

Jessica Reynolds

Government Proposal Specialist

McKesson Medical-Surgical Government Solutions

Jessica.Reynolds2@McKesson.com

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Business Organization Detail

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MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC

| Organization Information | | | | | | | | |
|---------------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|
| Org Type | Effective Date | Established Date | Filing Date | Charter | Class | Sec Type | Termination Date | Termination Reason |
| LLC Limited Liability Company | 2/17/2014 | | 2/17/2014 | Foreign | Profit | | | |

| Organization Information | | | | | | | | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|--------------------------------------------------------|--|--|--|
| Business Purpose | 5511 - Management of Companies and Enterprises - Management of Companies and Enterprises - Management of Companies and Enterprises Including Offices of Bank Holding Companies and Other Holding Companies | | | Capital Stock | | | | |
| Charter County | | | | Control Number | 9A4AJ | | | |
| Charter State | DE | | | Exc | X Close | | | |
| At Will Term | A | | | I | Hi, I'm SOLO I'm here to help you launch your new LLC. | | | |
| At Will Term Years | | | | P | | | | |

| | | |
|--------------------------|---------------------------|---------------|
| Authorized Shares | Young Entrepreneur | Not Specified |
|--------------------------|---------------------------|---------------|

| Addresses | |
|----------------------------------|------------------------------------------------------------------------------------|
| Type | Address |
| Mailing Address | 6535 STATE HIGHWAY 161 IRVING, TX, 75039 USA |
| Notice of Process Address | CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302 |
| Principal Office Address | 9954 MAYLAND DRIVE SUITE 5176 HENRICO, VA, 23233 USA |
| Type | Address |

| Officers | |
|-----------------|-------------------------------------------------------------------------------------------|
| Type | Name/Address |
| Member | MCKESSON MEDICAL-SURGICAL INC. 9954 MAYLAND DRIVE SUITE 4000 RICHMOND, VA, 23233 |
| Type | Name/Address |

| Name Changes | |
|---------------------|--------------------------------------------------------------|
| Date | Old Name |
| 4/4/2019 | MOORE MEDICAL LLC × Close |
| Date | Old Name |
| Date | Amendment |
| 4/4/2019 | NAME CHANGE: FROM I |
| Date | Amendment |

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Annual Reports

Filed For

2023

2022

2021

2020

2019

2018

2017

2016

2015

Date filed

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

Wednesday, January 24, 2024 — 4:00 PM

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× Close

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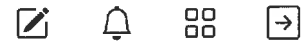


Cease Using the Entity Management API for Reps and Certs Information
Show Details
Dec 13, 2023



See All Alerts

Entity Validation Processing **Show Details**
Jan 16, 2024



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- All Words *i*
- Exact Phrase *i*

e.g. 1606N020Q02

"Mckesson Medical surgical government solutions llc"



Federal Organizations



Status



Active

Inactive

Reset

Sort by

Date Modified/Updated

Showing 1 - 2 of 2 results

MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC Active

Registration

| | | |
|------------------|-----------|----------------------------------------------------------------|
| Unique Entity ID | CAGE Code | Physical Address |
| XFHRZSRBK6Q1 | 1EU19 | 9954 MAYLAND DRIVE, SUITE 5176, HENRICO, VA 23233 USA |

Entity

Expiration Date
Sep 4, 2024

Purpose of Registration
All Awards

Multiple Award Schedule

Notice ID: 47QSMD20R0001

...

| | |
|-------------------------------------------------------------------------------------------------------|------------------|
| Awardee | Unique Entity ID |
| MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC 9954 MAYLAND DR STE 5176 HENRICO VA USA 23233-1464 | XFHRZSRBK6Q1 |

| | | |
|---------------------------------|-----------------------------|-----------------------------------|
| Department/Ind.Agency | Subtier | Office |
| GENERAL SERVICES ADMINISTRATION | FEDERAL ACQUISITION SERVICE | GSA/FAS FURNITURE SYSTEMS MGT DIV |

Contract Opportunities

Current Response Date
March 08, 2023 at 11:12 AM EST

Notice Type
Original Award Notice

Updated Date
Mar 8, 2023

Published Date
Mar 8, 2023

Results per page

< 1 of 1 >

25



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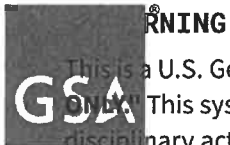
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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

| | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>1/20/24</u> | Agency: WVNF |
| Solicitation No. <u>CMA</u> VNF24*04 <i>Cott 1 - to decrease pricing on one bed</i> | Procurement Officer Submitting Requisition: Michael Clevenger Procurement Supervisor |
| | Requisition No. CMA VNF24*04 |
| | PF No.:1304705 N/A |

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 www.state.wv.us/admin/purchase/ICP.pdf | <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 type="checkbox"/> | <input type="checkbox"/> |
| 8 Financing (Governor's Office) pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Fleet Management Division pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

FOR CHANGE ORDERS/RENEWALS:

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