



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: 02-29-2024

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 0932 4828 DRS2300000001 2	Procurement Folder:	1071036
Document Name:	State Use Program Management Services by a CNA	Reason for Modification:	Change order# 1 To Renew Contract
Document Description:	State Use Program Management Services by a CNA		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-09-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2024-08-31

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	000000204796	Requestor Name:	Roger D Green
WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC 400 PATTERSON LN		Requestor Phone:	(304) 558-8247
CHALRESTON WV 25311		Requestor Email:	roger.d.green@wv.gov
US			
Vendor Contact Phone:	6816610143 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
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD NITRO WV 25143 US	PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD NITRO WV 25143 US

3-1-24 6L

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

Purchasing Division's File Copy

Bob 2/29/2024

PURCHASING DIVISION AUTHORIZATION
 DATE: *Murt O'Connell* 2/29/2024
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *Dan Day* 3-13-24
 ELECTRONIC SIGNATURE ON FILE

5/12/2024

Extended Description:

Change Order

Change Order No.1 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: September 1, 2023 through August 31, 2024.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80101600				0.000000
	Service From	Service To		Service Contract Amount	
				0.01	

Commodity Line Description: STATE USE PROGRAM MANAGEMENT SERVICES

Extended Description:

Percentage of Markup = 4.1%



WEST VIRGINIA DIVISION OF
REHABILITATION SERVICES

Administrative Offices
State Capitol P.O. Box 50890
Charleston, West Virginia 25305-0890
P: 304.356.2060 | F: 304.558.1421
Toll-free: 1.800.642.8207
wvdrs.org
Pisnu Bua-Iam, Director

2/27/24

Nita Hobbs
West Virginia Association of Rehabilitation Facilities, Inc
710 Central Ave
Charleston, WV 25302

RE: CMA DRS2300000001

Dear Ms. Hobbs,


The Division of Rehabilitation Services requests agreement to renew contract CMA DRS2300000001 through *August 31, 2024*. Please sign below that you agree to this renewal under the same terms, conditions, and specifications contained in the original contract. The effective date of the renewal will be *September 1, 2023* through *August 31, 2024*.

AGREED:

DocuSigned by: <i>Nita Hobbs</i> 9B6D872D9E804B6	CEO	2/28/2024
Signature	Title	Date

Please scan and return the signed letter to my email Roger.D.Green@wv.gov or by mail at the WV Division of Rehabilitation Services, 10 McJunkin Rd, Nitro, WV 25143.

Thank you for your prompt attention to this request. Feel free to call me at 304-356-2071 extension 62071 with any questions.

Sincerely,

Roger Green
Procurement Officer

Enclosure

cc: file



WEST VIRGINIA DIVISION OF
REHABILITATION SERVICES

Administrative Offices
State Capitol P.O. Box 50890
Charleston, West Virginia 25305-0890
P: 304.356.2060 | F: 304.558.1421
Toll-free: 1.800.642.8207
wvdrs.org
Pisnu Bua-Iam, Director

APPROVED
P.W.
2/29/24

MEMORANDUM

DATE: February 27, 2024

PREPARED BY: ^{RG} Roger Green, Procurement Manager

SUBJECT: Backdated justification for CMA DRS23*1 (WVARF)

I just recently learned that CMA DRS23*1 contract with WVARF expired back in August 2023 and it still has three renewals. The contract expired due to my lack of understanding and not knowing the difference between the CNA contract and the WVARF23 contract. I took the CNA contract on in 2022 while in the beginning stages of my transition to DRS Procurement and thought that WVARF23 was the result of CMA DRS23*1. I did not realize that these were two separate contracts. I requesting approval to backdate CMA DRS23*1 and renew for September 1, 2023 - August 31, 2024.

You are viewing this page over a secure connection. [Click here](#) for more information.

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.

THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	5/8/1973		5/8/1973	Domestic	Non-Profit			

Organization Information			
Business Purpose	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)		Capital Stock 0.0000
Charter County	Kanawha	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	400 PATTERSON LANE CHARLESTON, WV, 25311
Mailing Address	PO BOX 6764 CHARLESTON, WV, 25362 USA
Notice of Process Address	NITA HOBBS 400 PATTERSON LANE CHARLESTON, WV, 25311
Principal Office Address	400 PATTERSON LANE CHARLESTON, WV, 25311 USA
Type	Address

Officers	
Type	Name/Address
Director	NITA HOBBS 563 BURROUGHS STREET MORGANTOWN, WV, 26505
Incorporator	GEORGE W. KESSINGER 1016 WILKIE DR CHARLESTON, WV, 25301 USA
Incorporator	TIMOTHY J. ATKINSON 180 B. ST KEYSER, WV, 26726 USA
President	JOHN EMPSON 22 CAPITOL STREET CHARLESTON, WV, 25301
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
CROSSROADS INDUSTRIES	TRADENAME	8/28/1995	
WVARF	TRADENAME	9/30/2004	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
3/21/2014	AMENDMENT FILED: SEE IMAGE
6/4/2010	FILED AMENDING BY-LAWS
5/26/2009	AMEND FILED ADDING 501C3 LANGUAGE AND AMENDING BYLAWS



Home Search Data Bank Data Services Help

Search

All Words

e.g. 1606N020Q02



Please Sign In: You must sign in to your SAM.gov account to search Entities, Responsibility/Qualification and the Disaster Response Registry.

Sign In

Select Domain
Entity Information



All Entity Information

Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions

Filter By



Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC." x

Entity



Location



Status



- Active
- Inactive

Reset



No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

Go back

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>10-Brandon Barr</u> Date: <u>2/29/24</u>	Agency: Division of Rehabilitation Services
Solicitation No. <u>CMA DRS23*01 CO#1</u>	Procurement Officer Submitting Requisition: Roger Green
	Requisition No. CMA DRS23*1
	PF No.: 1071036

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions www.state.wv.us/admin/purchase/TCP.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" 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: _____

2/29/24