



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: 02-13-2024

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 4861 DRS2300000002 2	Procurement Folder:	1175171
Document Name:	Various Adaptive Aids for the sight and hearing impaired.	Reason for Modification:	Change Order 1 To Renew Contract
Document Description:	Various Adaptive Aids for the sight and hearing impaired.		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-03-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-03-14

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	VC0000000167			Requestor Name:	Tammy Murdock
INDEPENDENT LIVING AIDS LLC				Requestor Phone:	(304) 760-7180
137 RANO ST				Requestor Email:	tammy.k.murdock@wv.gov
BUFFALO	NY	14207			
US					
Vendor Contact Phone:	516-450-3824	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	PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD
NITRO WV 25143	NITRO WV 25143
US	US

2-14-24 GC

Purchasing Division's File Copy

Total Order Amount:	Open End
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[Signature]
 2/13/2024
 PURCHASING DIVISION AUTHORIZATION
 DATE: *[Signature]* 2/14/2024
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *[Signature]*
 ELECTRONIC SIGNATURE ON FILE
 2/22/2024

ENCUMBRANCE CERTIFICATION
 DATE: *[Signature]* 2-22-24
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order No.1 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 March 15, 2024 through March 14, 2025.
Renewal Years Remaining: 2

No other changes.

Open-End Contract

Various Adaptive Aids

The vendor, Independent Living Aids LLC, of Buffalo, NY, agrees to enter into this open-end contract with the agency, The West Virginia Division of Rehabilitation Service, to provide various adaptive aids for the sight and hearing impaired. Per the bid requirements, specifications, terms and conditions, the information from vendor's submitted and accepted bid on 2/28/2023, per the attached documentation and price sheet. All incorporated herein by reference and made apart of hereof.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42210000			EA	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: ADAPTIVE AIDS

Extended Description:

PER EXHIBIT A PRICING PAGE, AS ATTACHED

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	78121603			OR	7.750000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders
\$0.00 - \$24.99

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	78121603			OR	9.450000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders
\$25.00 - \$49.99

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	78121603			OR	11.950000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders
\$50.00 - \$75.00



WEST VIRGINIA DIVISION OF
REHABILITATION SERVICES

Administrative Offices
State Capital 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
Fisnu Bua-Iam, Director

2/9/24

Karin Danza
Independent Living Aids, LLC
137 Rano St
Buffalo, NY 14207

RE: CMA DRS2300000002

Dear Ms. Danza,

The Division of Rehabilitation Services requests agreement to renew your current contract CMA DRS2300000002 through *March 14, 2025*. 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 *March 15, 2024* through *March 14, 2025*.

AGREED:

		
Signature	Title	Date

Please scan and return the signed letter to my email Tammy.K.Murdock@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 *304-760-7180 extension 07180* with any questions.

Sincerely,



Tammy Murdock
Rehabilitation Program Specialist

Enclosure

cc: file

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>10 - Brandon Barr</u> Date: <u>2/13/2024</u>	Agency: Division of Rehabilitation Services
Solicitation No. <u>CMA DRS23*02</u>	Procurement Officer Submitting Requisition: Roger Green
	Requisition No. CMA DRS23*2
	PF No.: 1175171

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:

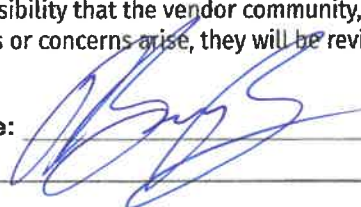
1 Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:

 2/13/2024

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Business Organization Detail

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INDEPENDENT LIVING AIDS LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
ELC Exempt LLC	4/2/2015		4/2/2015	Foreign	Profit			

Organization Information		
Business Purpose	Capital Stock	
Charter County	Control Number	SASKO
Charter State NY	Excess Acres	
At Will Term	Member Managed	
At Will Term Years	Par Value	
Authorized Shares	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Principal Office Address	137 RANO ST BUFFALO, NY, 14207 USA
Type	Address

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For more information, please contact the Secretary of State's Office at 304-658-6000.

Wednesday, February 14, 2024 — 8:17 AM

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Independent Living Aids LLC

Entity

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