



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: 06-03-2024

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 0511 2754 CSE2200000005 4 | Procurement Folder: | 1000396 |
| Document Name: | GENETIC TESTING | Reason for Modification: | CHANGE ORDER 3 TO RENEW CONTRACT |
| Document Description: | GENETIC TESTING | | |
| Procurement Type: | Central Master Agreement | | |
| Buyer Name: | | | |
| Telephone: | | | |
| Email: | | | |
| Shipping Method: | Best Way | Effective Start Date: | 2022-05-01 |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: | 2025-04-30 |

| VENDOR | DEPARTMENT CONTACT | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---------------------|---------------------|---------------|----|----|--------|---|----|----|--|--|----|----|--|--|----|----|--|--|--|
| Vendor Customer Code: 000000164954 DNA DIAGNOSTICS CENTER INC ONE DDC WAY FAIRFIELD OH 45014 US Vendor Contact Phone: 513-881-7806 Extension: 2135 Discount Details: <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 | | | Requestor Name: Virginia G Hill Requestor Phone: (304) 558-3780 Requestor Email: virginia.g.hill@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">24</div> FILE LOCATION _____ |
| | Discount Allowed | Discount Percentage | Discount Days | | | | | | | | | | | | | | | | | | |
| #1 | No | 0.0000 | 0 | | | | | | | | | | | | | | | | | | |
| #2 | No | | | | | | | | | | | | | | | | | | | | |
| #3 | No | | | | | | | | | | | | | | | | | | | | |
| #4 | No | | | | | | | | | | | | | | | | | | | | |

| INVOICE TO | SHIP TO |
|---|---|
| FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV 25301-3703 US | FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV 25301-3703 US |

6-4-24-61

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

Purchasing Division's File Copy

CIT 6/3/24

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tina H 6/3/24*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *Don 6-18-24*
 ELECTRONIC SIGNATURE ON FILE

6/18/2024

Extended Description:
CHANGE ORDER 3

CHANGE ORDER 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 5/1/24-4/30/25.

Renewal years remaining: 1

No other changes.

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 1 | 85131709 | | | EA | 65.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | 0.00 | |

Commodity Line Description: Buccal Swab Collection and Analysis by Vendor

Extended Description:
Buccal Swab Collection and Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 2 | 85131709 | | | EA | 39.500000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | 0.00 | |

Commodity Line Description: Buccal Swab Collection by BCSE/ Analysis by Vendor

Extended Description:
Buccal Swab Collection by BCSE/ Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 3 | 85131709 | | | EA | 65.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | 0.00 | |

Commodity Line Description: Collection/Analysis for Special Circumstances

Extended Description:
Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 4 | 85131709 | | | EA | 67.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | 0.00 | |

Commodity Line Description: Buccal Swab Collection and Analysis by Vendor - renewal 1

Extended Description:
Buccal Swab Collection and Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 5 | 85131709 | | | EA | 40.750000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | | 0.00 |

Commodity Line Description: Buccal Swab Collection by BCSE/ Analysis by Vendor renewal 1

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 6 | 85131709 | | | EA | 67.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | | 0.00 |

Commodity Line Description: Collection/Analysis for Special Circumstances renewal 1

Extended Description:

Collection/Analysis for Special Circumstances

e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 7 | 85131709 | | | EA | 69.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | | 0.00 |

Commodity Line Description: Buccal Swab Collection and Analysis by Vendor - renewal 2

Extended Description:

Buccal Swab Collection and Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 8 | 85131709 | | | EA | 42.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | | 0.00 |

Commodity Line Description: Buccal Swab Collection by BCSE/ Analysis by Vendor renewal 2

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 9 | 85131709 | | | EA | 69.000000 |
| | Service From | Service To | | Service Contract Amount | |
| | | | | | 0.00 |

Commodity Line Description: Collection/Analysis for Special Circumstances renewal 2

Extended Description:

Collection/Analysis for Special Circumstances

e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples



May 20, 2024

State of West Virginia-Child Support Enforcement
Virginia Hill
350 Capitol St., Room 147
Charleston, WV 25301


Dear Ms. Hill:

DNA Diagnostics Center, Inc. (DDC) agrees to renew the original contract according to all terms, conditions, pricing, and specifications contained in the Order Number: CMA 0511 2754 (CSE2200000005) for Genetic Testing. Per the original submission, this is referenced as "Optional Renewal year 2" and will begin on 5/1/2024 and end 4/30/2025. We look forward to continuing to provide these services to the State of West Virginia.

Regards,


Kathy Leis (May 20, 2024 18:17 EDT)

Kathy Leis
Vice President, Operations
DNA Diagnostics Center, Inc.

OK




**STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
- BUREAU FOR CHILD SUPPORT ENFORCEMENT -**

December 28, 2023

Date: May 20, 2024
To: Purchasing
From: Virginia Hill
Reference: Renewal for CMA CSE22*5

Virginia Hill

The West Virginia Bureau for Child Support Enforcement is respectfully requesting permission to renew the above CMA CSE22*5 with DNA Diagnostics Center Inc. This is an open-ended contract to provide our Agency with genetic testing services to determine and establish paternity. The Vendor has been excellent to work with. The contract is for the period of 5/1/24 through 4/30/25. There is one (1) renewal remaining.

This is late on renewing due to trying to retrieve the documents back from the vendor. On 3/4/24. We sent an email in April and on 5/8/24. We received the necessary documents back on 5/20/24.

Thank you.

OK
Allen
Green



STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY

Mark D. Scott
Cabinet Secretary

State Capitol
Charleston, West Virginia 25305

Heather D. Abbott
Chief Information Officer

**TO: Curtis Burress, Procurement Associate
Department of Human Services**

**FROM: Heather D. Abbott, Chief Information Officer
Office of Technology**

**SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
HR005443 IS&C NUMBER: 2024-2314**

DATE: May 28, 2024

West Virginia Code §5A-6-4(a) permits the Chief Information Officer to review and approve technology purchases for suitability to ensure such purchases comport with the State of West Virginia's overall strategic information technology goals.

West Virginia Code §5A-6-4c requires the Chief Information Officer to review and approve "technology projects."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Information Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems.

After conducting a review of your request for Renew CMA CSE22*5 for Genetic Testing effective 5/1/2024 - 4/30/2025, the Office of Technology has determined:

X That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.

e.g. 123456789, Smith Corp

"DNA Diagnostics Center, Inc" x

Classification v

Excluded Individual v

Excluded Entity v

Federal Organizations v

Exclusion Type v

Exclusion Program v

Location v

Dates v

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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.

DNA DIAGNOSTICS CENTER, INC.

See Attached

| Organization Information | | | | | | | | |
|--------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|
| Org Type | Effective Date | Established Date | Filing Date | Charter | Class | Sec Type | Termination Date | Termination Reason |
| C Corporation | 8/5/2015 | | 8/5/2015 | Foreign | Profit | | | |

| Organization Information | | | |
|---------------------------|--|-----------------------|---|
| Business Purpose | 5413 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Architectural, Engineering and Related Services (landscape architects, drafting, geophysical mapping, testing labs) | | |
| Charter County | | Control Number | 9AB1V |
| Charter State | OH | Excess Acres | |
| At Will Term | | Member Managed | <input type="checkbox"/> X Close |
| At Will Term Years | | Pa | Hi, I'm SOLO I'm here to help you launch your new |
| Authorized Shares | 0 | Y | LLC. |
| | | Entr | |

Addresses

| Type | Address |
|----------------------------------|--|
| Mailing Address | 1001 DDC WAY FAIRFIELD, OH, 45014 |
| Notice of Process Address | COGENCY GLOBAL INC. 128 CAPITOL STREET CHARLESTON, WV, 25301 |
| Principal Office Address | 1001 DDC WAY FAIRFIELD, OH, 45014 USA |
| Type | Address |

Officers

| Type | Name/Address |
|------------------|--|
| Director | TIMOTHY OOSTDYK 2425 NEW HOLLAND PIKE LANCASTER, PA, 17601 |
| Director | MATTHEW G. URBANEK 951 NW TECHNOLOGY DRIVE LEE'S SUMMIT, MO, 64086 |
| President | JASON JUDD 1001 DDC WAY FAIRFIELD, OH, 45014 |
| Secretary | DAN DICKINSON 2200 RITTENHOUSE STREET SUITE 175 DES MOINES, IA, 50321 |
| Treasurer | DAN DICKINSON 2200 RITTENHOUSE STREET SUITE 175 DES MOINES, IA, 50321 |
| Type | Name/Address |

DBA

| DBA Name | Description |
|-----------|-------------|
| EMPOWERDX | TRADENAME |
| DBA Name | Description |

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

Annual Reports

| Filed For |
|------------|
| 2023 |
| 2022 |
| 2021 |
| 2020 |
| 2019 |
| 2018 |
| 2017x |
| 2017 |
| Date filed |

[File Your Current Year Annual Report Online Here](#)

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

Monday, June 3, 2024 — 3:09 PM

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

Let's find the answers to your important questions.

Contact Us

Our teams will listen to what you need, answer your questions, and provide useful information to help make your DNA-testing experience a positive one. All calls are completely confidential and no information is shared with unauthorized parties.

How Can We Help You?

We value your privacy

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Okay

Reach Us

Have questions or need assistance? Contact our team.



DNA Technology Park

1 DDC Way

Fairfield, OH 45014



USA: 1.800.613.5768

INT: + 1.513.881.7800



contact@dnacenter.com



Leave A Message

I have a question about *



Entity Summary

ID Number: 000959371

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Summary for: DNA Diagnostics Center, Inc.

| | | | | |
|--|------------------------|--|---|---|
| The exact name of the Foreign Corporation: DNA Diagnostics Center, Inc. | | | | |
| The fictitious name of: EMPOWERDX was filed on 12-29-2022 | | | | |
| Entity type: Foreign Corporation | | | | |
| Identification Number: 000959371 | | | | |
| Date of Qualification in Rhode Island: 07-14-2014 | | Effective Date: 07-14-2014 | | |
| Organized under the laws of: State: OH Country: USA | | | | |
| The location of the Principal Office: | | | | |
| Address: 1001 DDC WAY | | | | |
| City or Town, State, Zip, Country: FAIRFIELD, OH 45014 USA | | | | |
| The mailing address or specified office: | | | | |
| Address: | | | | |
| City or Town, State, Zip, Country: | | | | |
| Agent Resigned: N | | Address Maintained: Y | | |
| The name and address of the Registered Agent: | | | | |
| Name: COGENCY GLOBAL INC. | | | | |
| Address: 222 JEFFERSON BOULEVARD | | | | |
| City or Town, State, Zip, Country: WARWICK, RI 02888 USA | | | | |
| The Officers and Directors of the Corporation: | | | | |
| Title | Individual Name | Address | | |
| TREASURER | DAN DICKINSON | 2200 RITTENHOUSE STREET SUITE A DES MOINES, IA 50321 USA | | |
| SECRETARY | KRISTIN ECK | 343 WEST MAIN STREET LEOLA, PA 17540 USA | | |
| PRESIDENT AND DIRECTOR | JASON JUDD | 1001 DDC WAY FAIRFIELD, OH 45014 USA | | |
| CHAIRPERSON | TIMOTHY OOSTDYK | 2425 NEW HOLLAND PIKE LANCASTER, PA 17601 USA | | |
| TAX DIRECTOR | JUSTIN DUDAS | 343 WEST MAIN STREET LEOLA, PA 17540 USA | | |
| DIRECTOR | MATTHEW G. URBANEK | 18000 W. 99TH STREET LENEXA, KS 66219 USA | | |
| The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue: | | | | |
| Class of Stock | Series | Par value per share | Total Authorized No. of shares | Total issued and outstanding No. of shares |
| PWP | A | \$ 0.0010 | 3,000,000 | 1 |
| Purpose: | | | | |
| LABORATORY TESTING | | | | |
| North American Industry Classification System Code(NAICS): | | | | |

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

| | |
|---|---|
| <i>Purchasing Division Use:</i> Buyer: <u>Crystal Husband</u> Date: <u>6/13/24</u> | Agency: WV DHHR BCSE |
| Solicitation No. <u>CMA CSE 22*05</u> | Procurement Officer Submitting Requisition: Althea Greenhowe |
| | Requisition No. CMA CSE22*5 |
| | PF No.: 1000396 |

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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 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: _____

Crystal Hestrad