



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: 03-29-2024

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 0613 9905 VNF2100000005 7	Procurement Folder:	818045
Document Name:	Medical Director Services for VNF in Clarksburg, WV	Reason for Modification:	Change Order No. 04 To Renew Contract
Document Description:	Medical Director and Attending Physician		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-04-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-03-31

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000036791	Requestor Name:	Sherri A Reed
MOHAMED AMIN SABBAGH 29 HOSPITAL PLAZA STE E		Requestor Phone:	(304) 626-1600
WESTON WV 26452 US		Requestor Email:	sherri.a.reed@wv.gov
Vendor Contact Phone:	3042691448	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

4-11-24 66

Total Order Amount:	Open E
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Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya* 4/10/2024
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *Sanjay* 4-18-24
 ELECTRONIC SIGNATURE ON FILE

4/16/2024

Extended Description:

Change Order

Change Order No. 4 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including authorized change orders.

Effective date of renewal 4/1/2024 to 3/31/2025.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121503				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2025-03-31		0.00	

Commodity Line Description: Medical Director

Extended Description:

Medical Director - Per vendor's submitted bid \$50,000 annual cost; \$4,166.66 per month

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85121502				0.000000
	Service From	Service To		Service Contract Amount	
			Commodity Ln Discontinued	0.00	

Commodity Line Description: Attending Physician

Extended Description:

Commodity Line discontinued effective 04/01/2021 as Attending Physician services are being assigned to Abdulmalek Sabbagh, MD, FACC, Inc., per the attached documentation.



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

January 23, 2024

Mohamed Amin Sabbagh
29 Hospital Plaza Ste E
Weston, WV 26452

RE: Renewal AMA 0613 9905 VNF21*05

Dear Mr. Sabbagh,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 4/1/2024 to 3/31/2025. 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

3/13/24
DATE

Mohamed Sabbagh
PRINT NAME

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Business and Licensing

Online Data Services Help

Business Organization Detail

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ABDULMALEK SABBAGH, M.D., F.A.C.C., INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	5/7/1997		5/7/1997	Domestic	Profit			

Organization Information			
Business Purpose	6211 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Physicians		Capital Stock 5000.0000
Charter County	Lewis	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	10.000000
Authorized Shares	500	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452
Mailing Address	29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452 USA
Notice of Process Address	ABDULMALEK SABBAGH 29 HOSPITAL PLAZA SUITE E WESTON, WV, 26452
Principal Office Address	29 HOSPITAL PLAZA STE E WESTON, WV, 26452 USA
Type	Address

Officers	
Type	Name/Address
Incorporator	ABDULMALEK SABBAGH RT. 4 BOX 9A WESTON, WV, 26452
President	ABDULMALEK SABBAGH 29 HOSPITAL PLAZA STE E WESTON, WV, 26452
Vice-President	GHIDA SALKIN 29 HOSPITAL PLAZA STE E WESTON, WV, 26452
Type	Name/Address

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

Tuesday, January 23, 2024 — 9:38 AM

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Cease Using the Entity Management API for Reps and Certs Information

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"Mohamed Sabbagh" 

Federal Organizations



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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>DPTR</u> Date: <u>4/10/24</u>	Agency: WVNF
Solicitation No. <u>CO#4</u> <u>Renewal</u>	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNF21*05
	PF No.: 818045

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/TCP.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 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
10	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"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/> N/A
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N/A
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N/A
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: _____

