



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: 03-28-2025

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 0403 0020 DBS2400000001 2	Procurement Folder:	1237481
Document Name:	Occupational Therapy Services at WVSDB	Reason for Modification:	
Document Description:	Occupational Therapy Services at WVSDB	Change Order #1	
Procurement Type:	Central Master Agreement	Issued to renew contract	
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-07-20
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-07-19

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000165137 BEST LIFE THERAPY LLC PO BOX 220 BRIDGEPORT WV 26330 US Vendor Contact Phone: 999-999-9999 Extension: Discount Details: <table><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: Tabitha J Crist Requestor Phone: (304) 822-4810 Requestor Email: tabitha.crist@k12.wv.us 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
ACCOUNTS PAYABLE SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST ROMNEY WV 26757-1894 US	CENTRAL SUPPLY SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST ROMNEY WV 26757-1894 US

CR 4-9-25

Purchasing Division's File Copy

Total Order Amount:

Open End

DATE: 3-28-25
PURCHASING DIVISION AUTHORIZATION
ELECTRONIC SIGNATURE ON FILE

DATE: 4-16-25
ATTORNEY GENERAL APPROVAL AS TO FORM
ELECTRONIC SIGNATURE ON FILE

DATE: 4-16-25
ENCUMBRANCE CERTIFICATION
ELECTRONIC SIGNATURE ON FILE

Extended Description:
Change Order

Change Order No. 01 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 July 20, 2024 through July 19, 2025

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85122102			hour	77.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Occupational therapy services

Extended Description:

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85122102			hour	77.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Occupational therapy services - case management

Extended Description:



Est. 1870

301 EAST MAIN STREET • ROMNEY, WEST VIRGINIA 26757

July 10, 2024

Rhea Dyer
Po Box 220
Bridgeport, WV 26330

Subject: CMA 0403 DBS 2400000001 Contract Renewal – Change Order No. 1
Occupational Therapy Services at WVSDb

The West Virginia School for the Deaf and Blind is offering to renew the subject contract under the same terms, conditions, pricing and specifications as contained in the original contract and all approved change orders. The renewal dates are July 20, 2024 through July 19, 2025. If you agree to this renewal, please sign below and return to my attention as soon as possible.

Remaining renewals: 2 (two)

Please call if you have any questions.

Very truly yours,

Tabitha J. Crist
CFO
West Virginia School for the Deaf and Blind

**Vendor signature required below*

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Vendor Name / Signature

12/12/24

Date

Authorized Representative

Title



Approved
JH 3-7-25

Est. 1870

301 EAST MAIN STREET • ROMNEY, WEST VIRGINIA 26757

From: Tabitha Crist, West Virginia Schools for the Deaf and the Blind

Date: February 20, 2025 ^{TJC}

Subject: Backdate Justification CMA DBS 24 001

West Virginia Schools for the Deaf and the Blind sent the renewal letter to the vendor in July. However, there have been significant invoice issues with the vendor and they indicated that they wanted to renew, but was not going to until they were able to format their invoices in a way that that would be payable through the state system. We have worked with them over the last few months to get this corrected. They believe they have the issue resolved and want to move forward with the renewal. This is a contract for services that are required for our students. Best Life is one of very few vendors who provide this service in our area.

Further, I went out on leave before they returned their renewal. I had to follow up several times to get the signed renewal letter.

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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.

BEST LIFE THERAPY LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	5/11/2009		5/11/2009	Domestic	Profit		2/20/2024	Merger

Organization Information			
Business Purpose	6213 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Other Health Practitioners (chiropractors, optometrist, mental health practitioners, physical, occupational, speech, audiology, podiatrist)		
Charter County	Harrison	Capital Stock	
Charter State	WV	Control Number	0
At Will Term	A	Excess Acres	
At Will Term Years		Member Managed	MBR
Authorized Shares		Par Value	
		Young Entrepreneur	Not Specified

Addresses

Type	Address
Designated Office Address	243 RUFFED GROUSE DRIVE BRIDGEPORT, WV, 26330
Mailing Address	PO BOX 220 BRIDGEPORT, WV, 26330 USA
Notice of Process Address	RHEA L. DYER PO BOX 220 BRIDGEPORT, WV, 26330
Principal Office Address	243 RUFFED GROUSE DRIVE BRIDGEPORT, WV, 26330 USA
Type	Address

Officers

Type	Name/Address
Member	RHEA DYER 721 BRIGHTRIDGE DRIVE BRIDGEPORT, WV, 26330
Organizer	JEANNINE LAFFERTY RT 1 BOX 299-91 MOUNT CLARE, WV, 26408
Type	Name/Address

Annual Reports

Filed For

2023

2022

2021

2020

2019

2018

2017

2016



Subaward Reporting is coming to SAM.gov on March 8th
Show Details
Feb 27, 2025



See All Alerts

Entity Validation **Show Details**
Feb 4, 2025



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All Words

e.g. 1606N020Q02

Select Domain
Entity Information



All Entity Information

Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions

Filter By



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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

"best life" ×

- Classification ✓
 - Excluded Individual ✓
 - Excluded Entity ✓
 - Federal Organizations ✓
 - Exclusion Type ✓
 - Exclusion Program ✓
 - Location ✓
 - Dates ✓
- Reset ↻



No matches found

We couldn't find a match for your search criteria.

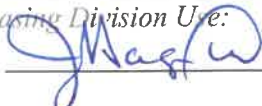
Please try another search or go back to previous results.

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Feedback

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u></u> Date: <u>3-7-25</u> Solicitation No. <u>CMA DBS 24001</u> <div style="text-align: center; margin-top: 10px;"><u>c/o #1</u></div>	Agency: WVSDDB <hr/> Procurement Officer Submitting Requisition: Tabitha J Crist <hr/> Requisition No. CMA DBS 24 001 <hr/> PF No.: 1237481
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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 type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: _____

