



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Purchase Order

Order Date: 03-03-2025

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: | CPO 0403 0013 DBS2500000001 2 | Change Order No: | Procurement Folder: | 1417742 |
| Document Name: | WVSDB Flooring Update | Reason for Modification: Change Order 01 To Issue Notice to Proceed | | |
| Document Description: | WVSDB Flooring Update | | | |
| Procurement Type: | Central Purchase Order | | | |
| Buyer Name: | Joseph E Hager III | | | |
| Telephone: | (304) 558-2306 | | | |
| Email: | joseph.e.hageriii@wv.gov | | | |
| Shipping Method: | Best Way | Effective Start Date: | 2024-12-01 | |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: | 2026-02-23 | |

| VENDOR | DEPARTMENT CONTACT | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---------------------|---------------------|---------------|----|----|--------|----|----|----|--|---|----|----|--|---|----|----|--|---|--|
| Vendor Customer Code: 000000229169 CONTINENTAL FLOORING CO 9319 N 94TH WAY STE 1000 SCOTTSDALE AZ 85258 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>30</td></tr><tr><td>#2</td><td>No</td><td></td><td>0</td></tr><tr><td>#3</td><td>No</td><td></td><td>0</td></tr><tr><td>#4</td><td>No</td><td></td><td>0</td></tr></tbody></table> | | Discount Allowed | Discount Percentage | Discount Days | #1 | No | 0.0000 | 30 | #2 | No | | 0 | #3 | No | | 0 | #4 | No | | 0 | 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 | 30 | | | | | | | | | | | | | | | | | | |
| #2 | No | | 0 | | | | | | | | | | | | | | | | | | |
| #3 | No | | 0 | | | | | | | | | | | | | | | | | | |
| #4 | No | | 0 | | | | | | | | | | | | | | | | | | |

| 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 |

3/5/25 6C

Total Order Amount: \$132,300.00

Purchasing Division's File Copy

| | | |
|--|---|--|
| PURCHASING DIVISION AUTHORIZATION DATE: <i>3/4/2025</i> ELECTRONIC SIGNATURE ON FILE | ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>3-4-25</i> ELECTRONIC SIGNATURE ON FILE | ENCUMBRANCE CERTIFICATION DATE: <i>3-6-25</i> ELECTRONIC SIGNATURE ON FILE |
|--|---|--|

3/5/25

Extended Description:
Change Order 01

To establish the contract effective start and effective end dates, and to issue the Notice to Proceed for the contract according to all terms, conditions, prices, and specifications contained in the original contract including all authorized change orders.

Contract Term: 12/01/2024 Through 2/23/2026

| Line | Commodity Code | Quantity | Unit | Unit Price | Total Price |
|--------------|----------------|--------------|------|------------|-------------|
| 1 | 30161710 | 0.00000 | | 0.000000 | 132300.00 |
| Service From | Service To | Manufacturer | | Model No | |
| | | | | | |

Commodity Line Description: WVSDb Flooring Update

Extended Description:
WVSDb Flooring Update



Est. 1870

301 EAST MAIN STREET • ROMNEY, WEST VIRGINIA 26757

December 1, 2024

Continental Flooring
9319 N 94th Way Ste 1000
Scottsdale, AZ 85258

Subject: CPO DBS 2500000001 – Notice To Proceed

The West Virginia Schools for the Deaf and the Blind is issuing this letter as a Notice To Proceed for the performance of the contract services of the above Purchase Order. As per the specifications, the contract item must be completed within four hundred and fifty (450) calendar days from the date indicated below on this letter. The contract item must be completed for the agency, West Virginia Schools for the Deaf and the Blind, located at 301 E. Main St, Romney WV 26757.

Notice To Proceed date: December 1 , 2024

Should you have further questions don't hesitate to contact us.

Very truly yours,

Tabitha J Crist
Chief Financial Officer
West Virginia Schools for the Deaf and the Blind

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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.

CONTINENTAL FLOORING COMPANY

| Organization Information | | | | | | | | |
|--------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|
| Org Type | Effective Date | Established Date | Filing Date | Charter | Class | Sec Type | Termination Date | Termination Reason |
| C Corporation | 3/8/1994 | | 3/8/1994 | Foreign | Profit | | | |

| Organization Information | | | |
|--------------------------|---|--------------------|----------------------|
| Business Purpose | 2383 - Construction - Special Trade Contractors - Building Finishing Contractors (drywall & insulation, painting & wall covering, flooring, tile & terrazzo, finishing carpentry) | | Capital Stock 0.0000 |
| Charter County | | | Control Number 0 |
| Charter State | AZ | 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 | CORPORATION SERVICE COMPANY 209 WEST WASHINGTON ST CHARLESTON, WV, 25302 |
|-----------------------------|--|

| | |
|------------------------|---|
| Mailing Address | 9319 N 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 USA |
|------------------------|---|

| | |
|----------------------------------|---|
| Notice of Process Address | Corporation Service Company 808 Greenbrier Street Charleston, WV, 25311 |
|----------------------------------|---|

| | |
|---------------------------------|---|
| Principal Office Address | 9319 N 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 USA |
|---------------------------------|---|

| Type | Address |
|------|---------|
|------|---------|

Officers

| Type | Name/Address |
|------|--------------|
|------|--------------|

| | |
|-----------------|---|
| Director | CHRISTOPHER L COLEMAN 9319 NORTH 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 |
|-----------------|---|

| | |
|-----------------|--|
| Director | LISA M COLEMAN 9319 NORTH 94TH WAY SUITE 1000 SCOTTSDALE, AZ, 85258 |
|-----------------|--|

| | |
|------------------|--|
| President | CHRISTOPHER L. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
|------------------|--|

| | |
|------------------|---|
| Secretary | LISA M. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
|------------------|---|

| | |
|------------------|---|
| Treasurer | LISA M. COLEMAN 9319 N. 94TH WAY #1000 SCOTTSDALE, AZ, 85258 |
|------------------|---|

| | |
|-----------------------|--|
| Vice-President | BRUCE A KIGER 9319 N 94TH WAY # 1000 SCOTTSDALE, AZ, 85258 |
|-----------------------|--|

| Type | Name/Address |
|------|--------------|
|------|--------------|



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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Search

All Words

e.g. 1606N020Q02

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

"Continental Flooring Company" ×

Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



Exclusion Program



Location



Dates



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Feedback

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

| | |
|---|---|
| <i>Purchasing Division Use:</i> Buyer: <u><i>J. Maguire</i></u> Date: <u><i>3-4-25</i></u> Solicitation No. <u><i>CPO DBS 25*01</i></u> <u><i>c/o #1</i></u> | Agency: WVSDDB <hr/> Procurement Officer Submitting Requisition: Tabitha J Crist <hr/> Requisition No. CPO DBS 25*01 <hr/> PF No.: 1417742 |
|---|---|

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | State debarment verification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 | Federal debarment verification | <input checked="" type="checkbox"/> | <input 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: _____

