



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: 01-13-2025

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 0439 0439 EBA2300000007 3	Procurement Folder:	1143718
Document Name:	EBA71765 HVAC MAINT AND REPAIR OPEN END CONTRACT-Beckley	Reason for Modification:	Change order 2 To renew contract
Document Description:	HVAC Maintenance and Repair - Open End Beckley		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-02-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-01-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000202408 CASTO TECHNICAL SERVICES INC 540 LEON SULLIVAN WAY  CHARLESTON WV 25301 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: Cecil Dale Malcomb Requestor Phone: (304) 254-7858 Requestor Email: dmalcomb@wvpublic.org  <b>2025</b> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
CHIEF FINANCIAL OFFICER EDUCATIONAL BROADCASTING  124 INDUSTRIAL PARK RD  BEAVER WV 25813  US	PURCHASING ADMINISTRATOR EDUCATIONAL BROADCASTING  600 CAPITOL ST  CHARLESTON WV 25301-1223  US

1-16-25

Total Order Amount:

Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: *Tara* 1/15/25  
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: *John L. Gray*  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *1-28-25*  
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change order  
Change Order No.2 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 2/1/25 through 1/31/26.

Renewal Years/Months Remaining: 1 year

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72101511				0.000000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** HVAC MAINTENANCE AND REPAIR SERVICES

**Extended Description:**

HVAC Maintenance and Repair - Beckley Region- As per pricing page



Dale Malcomb  
Purchasing Coordinator  
Phone: (304) 254-7858  
Email: [dmalcomb@wvpublic.org](mailto:dmalcomb@wvpublic.org)

January 10<sup>th</sup>, 2025

April Dunlap  
Casto Technical Services Inc  
540 Leon Sullivan Way  
Charleston, WV 25301  
OASIS Vendor ID: 000000202408  
Phone: (304) 346-0549  
Email: [ADunlap@CastoTech.Com](mailto:ADunlap@CastoTech.Com)

Subject: Second renewal of CMA 0439 0439 EBA2300000007, HVAC maintenance and repair, Southern District.

Dear Ms Dunlap:

The State of West Virginia is offering to renew subject contract under the same terms, conditions, and pricing. The renewal dates are February 1<sup>st</sup>, 2025, through January 31<sup>st</sup>, 2026. If your company agrees to this renewal, please sign below, and return the original to my attention as soon as possible. We will also need a copy of your current contractor's license and an updated certificate of insurance.

Please call if you have any questions.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'C. Dale Malcomb', written over a horizontal line.

C. Dale Malcomb

Attachment

*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.*

April Dunlap, Sales Support  
\_\_\_\_\_  
Name

*April Dunlap*  
\_\_\_\_\_  
Signature

Sales Support/Service Estimator  
\_\_\_\_\_  
Title

1/10/2025  
\_\_\_\_\_  
Date



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV001241

## CLASSIFICATION:

ELECTRICAL  
HEATING, VENTILATING & COOLING  
PIPING  
SPECIALTY

CASTO TECHNICAL SERVICES INC  
DBA CASTO TECHNICAL SERVICES INC  
PO BOX 627  
CHARLESTON, WV 25322-0627

## DATE ISSUED

AUGUST 13, 2024

## EXPIRATION DATE

AUGUST 13, 2025

*Timothy Smeering*

Authorized Signature

*John H. ...*

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

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### Business and Licensing

Online Data Services Help

### Business Organization Detail

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### CASTO TECHNICAL SERVICES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	9/21/1973		9/21/1973	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	8113 - Other Services (except Public Administration) - Repair and Maintenance - Commercial and Industrial Machinery and Equipment (exe Auto and Elec) Repair and Maintenance		<b>Capital Stock</b> 50000.0000
<b>Charter County</b>	Kanawha	<b>Control Number</b>	0
<b>Charter State</b>	WV	<b>Excess Acres</b>	0
<b>At Will Term</b>	<b>Member Managed</b>		
<b>At Will Term Years</b>	<b>Par Value</b>		0.100000
<b>Authorized Shares</b>	500000	<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Local Office Address</b>	540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
<b>Mailing Address</b>	P.O. BOX 627 CHARLESTON, WV, 25322 USA
<b>Notice of Process Address</b>	CHRISTINA SMITH 540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
<b>Principal Office Address</b>	540 LEON SULLIVAN WAY CHARLESTON, WV, 25301 USA
Type	Address

Officers	
Type	Name/Address
<b>Director</b>	TIMOTHY SNEERINGER PO BOX 627 CHARLESTON, WV, 25322
<b>President</b>	TIMOTHY SNEERINGER PO BOX 641 GREAT BARRINGTON, MA, 01230
<b>Secretary</b>	CHRISTINA SMITH 540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
Type	Name/Address

Date	Amendment
<b>11/12/2020</b>	<p>B4WV Other Change: AMENDED AND RESTATED ARTICLES OF INCORPORATION OF CASTO TECHNICAL SERVICES, INC. I. Name. The name of the corporation is Casto Technical Services, Inc. (the "Corporation"). II. Address. The address of the principal office of the Corporation is 540 Leon Sullivan Way, Charleston, WV 25301, or at some other place within the United States, as the board of directors from time to time shall designate. III. Mailing Address. The mailing address of the above location is P. O. Box 627, Charleston, WV 25322. IV. Email Address. The email address where informational notices and reminders of annual filings may be sent is csmith@castotech.com. V. Existence. The existence of the Corporation is perpetual. VI. Authorized Shares. The Corporation is authorized to issue only one class of stock consisting of not more than 500,000.00 shares with par value of (\$0.10) per share. The Corporation shall issue all of the shares without certificates. VII. Purposes. The purpose of the Corporation is to engage in any or all lawful business or activity for which corporation, incorporated in West Virginia. VIII. Incorporator. The name and address of the original incorporators of the Corporation are Harry N. Casto and W. E.</p>

Mohler, neither of whom are affiliated with the Corporation as of the date of these Amended and Restated Articles of Incorporation and are deceased. IX. Agent. The name and address of the person (agent) to whom notice of process may be sent is Christina Smith, 540 Leon Sullivan Way, Charleston, WV 25301. X. Directors. The Corporation shall have a board of directors consisting of one (1) to five (5) directors. The directors shall be elected at each annual meeting of the shareholders. Directors need not be shareholders of the corporation nor residents of the State of West Virginia. The board of directors may not increase or decrease the number of directors. XI: Limitation on Director Liability. Directors shall have no personal liability to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a Director: Provided, this Article shall not eliminate or limit the liability of a Director: (A) for any breach of the Director's duty of loyalty to the Corporation or its stockholders; (B) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (C) for unlawful distributions as described in the Act; or (D) for any transaction from which the Director derived an improper personal benefit. XII: Indemnification of Directors. The Corporation shall indemnify a Director for liability, as that term is defined W. Va. Code § 31D-8-850, to any person for any action taken, or any failure to take any action, as a Director except liability for: (A) receipt of a financial benefit to which he or she is not entitled; (B) an intentional infliction of harm on the Corporation or its shareholders; (C) for unlawful distributions as described in the Act; or (D) an intentional violation of criminal law.

**10/21/2010**

AMENDMENT FILED (CHANGES TO STOCK &amp; SHARES)...SEE IMAGE

**2/3/1983**

CHANGE OF NAME FROM CASTO-TRANE SERVICE AGENCY, INC.

Date

Amendment

## Annual Reports

Filed For

2024

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

Monday, January 13, 2025 — 4:07 PM

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e.g. 1606N020Q02

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All Entity Information

Entities

Disaster Response Registry

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Exclusions

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Search Editor

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☒ All Words 

☐ Exact Phrase 

e.g. 123456789, Smith Corp

"Casto Technical Services" x

- Classification v
- Excluded Individual v
- Excluded Entity v
- Federal Organizations v
- Exclusion Type ^

- ☒ Ineligible (Proceedings Pending)
- ☒ Ineligible (Proceedings Complete)
- ☒ Prohibition/Restriction
- ☒ Voluntary Exclusion

- Exclusion Program v
- Location v
- Dates v

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

Purchasing Division Use:		Agency:
Buyer: <u>Larry D. McDonnell</u>	Date: <u>1/14/25</u>	Educational Broadcasting Authority
Solicitation No. <u>CMA EBA23*07 c/o2</u>		Procurement Officer Submitting Requisition: Trinity Green
		Requisition No. EBAr71765_r2 / CMA EBA23*07
		PF No.: 1143718

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 ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<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
<b>10</b>	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"/>
	Contractor's License Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FOR CHANGE ORDERS/RENEWALS:

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	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: \_\_\_\_\_

