



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

State of West Virginia Contract

Order Date: 03-14-2025

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:	CCT 0907 0907 RNB2400000001 4	Procurement Folder:	1329424
Document Name:	WV Restore - Referral, Treatment & Monitoring Management	Reason for Modification:	Change Order 01: To Renew Contract
Document Description:	WV Restore - Referral, Treatment & Monitoring Management		
Procurement Type:	Central Contract - Fixed Amt		
Buyer Name:	Larry D McDonnell		
Telephone:	304-558-2063		
Email:	larry.d.mcdonnell@wv.gov		
Shipping Method:	Best Way	Effective Start Date:	2024-02-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-01-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000020487 PARKDALE AFTERCARE LLC 350 indian boundary rd chesterton IN 46304 US Vendor Contact Phone: 2197432477 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>1.0000</td><td>14</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	1.0000	14	#2	No		0	#3	No		0	#4	No		0	Requestor Name: Margaret E Alston Requestor Phone: (304) 558-3596 Requestor Email: margaret.e.alston@wv.gov 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	1.0000	14																		
#2	No		0																		
#3	No		0																		
#4	No		0																		

INVOICE TO	SHIP TO
WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US	WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US

CR 3-19-25

Purchasing Division's File Copy

Total Order Amount: \$396,000.00

PURCHASING DIVISION AUTHORIZATION DATE: <i>T. Waller 3/19/2025</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM <i>[Signature]</i> DATE: <i>3/19/2025</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION <i>[Signature]</i> DATE: <i>3-20-25</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order

Change Order 01: To renew contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 02/1/2025 through 1/31/2026.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	85121700	12.00000	MO	16500.000000	\$198,000.00
Service From	Service To	Manufacturer		Model No	
2024-02-01	2025-01-31				

Commodity Line Description: WV Restore Monitoring - Initial Year

Extended Description:

Initial Year

02/0/2024 to 01/31/2025

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	85121700	12.00000	MO	16500.000000	\$198,000.00
Service From	Service To	Manufacturer		Model No	
2025-02-01	2026-01-31				

Commodity Line Description: WV Restore Monitoring - Option Year #1

Extended Description:

Change Order

Change Order No. 1 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 02/1/2025 through 1/31/2026

Renewal Years Remaining: 2

No other changes.

Dr. Sue Painter, DNP, RN
Executive Director

email: mboard@wv.gov
web address: wvmbboard.wv.gov



TELEPHONE:

(304) 744-0900

FAX (304) 744-0800

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
5001 MacCorkle Avenue, SW
South Charleston, WV 25309

February 1, 2025

Rodrigo Garcia, MBA, MSN, APN-BC, CRNA
CEO
Parkdale Aftercare
350 Indian Boundary Rd
Chesterton, IN 46304

Subject: RENEWAL OF CCT RNB2400000001 – WV Referral, Treatment, & Monitoring Management.

Dear Mr. Garcia:

The WV Board of Registered Nurses is informing Parkdale Aftercare, LLC that we would like to continue receiving the valuable services offered under the above-referenced contract.

Change Order No. 1 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 2/1/2025 through 1/31/2026.

Renewal Years Remaining: Two (2)

No other changes.

Signed:

A handwritten signature in blue ink, appearing to read "Margaret Alston", written over a horizontal line.

Margaret Alston
Director of Finance and Operations
WV Board Registered Nurses

A handwritten signature in blue ink, appearing to read "Rodrigo Garcia", written over a horizontal line.

Rodrigo Garcia
CEO
Parkdale Aftercare

ERIC L. HOUSEHOLDER
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

SAMANTHA WILLIS
PURCHASING DIRECTOR

To: All State Agencies Under Purchasing Division
From: Samantha Willis, Director & General Counsel
WV Purchasing *SW*
Date: January 23, 2025
Re: \$100,000 Spending Requests

MEMORANDUM

Pursuant to Executive Order 4-25, signed into effect by Governor Morrissey on January 14th, 2025, all expenditures over \$100,000 must be reviewed by the Governor's Office in advance. Any solicitations, purchase orders, or other contracts currently in the possession of the Purchasing Division, which are estimated to cost over \$100,000 are being placed on hold for review. Our Division is providing documentation of those to the Governor's Office for review.

Any new requisitions valued over \$100,000 that are received by the Purchasing Division, must have a copy of this memorandum and accompanying signatures to process as usual. If there is no evidence of Governor's Office review or approval, your requisition will be returned to seek that approval.

Thank you all for your hard work, and please feel free to reach out with any questions on our end; if you have questions about the procedure for seeking the necessary approvals internally, I would recommend reaching out to your Cabinet Secretaries and/or your Department's Governor's Office liaison.

The Accompanying Request has been reviewed and approved by the following:

Steve Painter
Agency Head

3-6-2025
Date

Cabinet Secretary/Department Head

John H. Capshaw
Governor's Office Representative

Date

3/7/2025

Date

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrnboard.wv.gov



TELEPHONE:

(304) 744-0800

FAX (304) 744-0800

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
5001 MacCorkle Avenue, SW
South Charleston, WV 25309

MEMO

TO: WV PURCHASING DIVISION

DATE: MARCH 3, 2025

FROM: MARGARET "MARTY" ALSTON

A handwritten signature in blue ink, appearing to read "Margaret P. Alston".

RE: CCT RNB2400000001- WV Restore Referral, Treatment & Monitoring Management.

This memo is to serve as justification for backdating the renewal for CCT RNB2400000001- WV Restore Referral, Treatment & Monitoring Management.

Due to the inclement weather conditions in late January and early February, the steps necessary to process the renewal in the wvOasis system and the need to request additional funds it was necessary to backdate the renewal to the scheduled renewal date of 2/1/2025. The contractor has continued the services throughout the process.

Should you have any questions or require any additional information please feel free to contact me.

A handwritten signature in blue ink, appearing to read "Backdate", with a circular stamp or mark below it.

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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.

PARKDALE AFTERCARE LLC

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
LLC Limited Liability Company	12/3/2019		12/3/2019	Foreign	Profit				

Organization Information			
Business Purpose	6222 - Health Care and Social Assistance - Hospitals - Psychiatric and Substance Abuse Hospitals		Capital Stock
Charter County	Kanawha	Control Number	0
Charter State	IN	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years	Par Value		
Authorized Shares	Young Entrepreneur		Not Specified

Addresses

Type	Address
Designated Office Address	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304
Mailing Address	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304 USA
Notice of Process Address	STEFFEY WAHL, LLC 320 N. MERIDIAN STREET SUITE 825 INDIANAPOLIS, IN, 46204
Principal Office Address	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304 USA
Type	Address

Officers

Type	Name/Address
Member	PARKDALE MANAGEMENT, LLC 350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304
Type	Name/Address

DBA

DBA Name	Description	Effective Date	Termination Date
WEST VIRGINIA PROFESSIONALS RECOVERY PROGRAM	TRADENAME	12/3/2019	
WVPRP	TRADENAME	12/3/2019	
DBA Name	Description	Effective Date	Termination Date

Annual Reports

Filed For
2025
2024
2023
2022

2021
2020
Date filed

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

Tuesday, March 18, 2025 — 9:04 AM

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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

"PARKDALE AFTERCARE" 

Classification 

Excluded Individual 

Excluded Entity 

Federal Organizations 

Exclusion Type 

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

Exclusion Program 

Location 

Dates 

Reset 

Entity Information 



Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions



No matches found

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

Please try another search or go back to previous results.

Go Back

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Larry D. McDannell</u> Date: <u>3/18/25</u> Solicitation No. <u>CCT RNB 24*01 c/o</u>	Agency: WV Board of Registered Nurses <hr/> Procurement Officer Submitting Requisition: Margaret Alston <hr/> Requisition No. CCT RNB24*01 <hr/> PF No.: 1329424
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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 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"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____

