



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: 03-03-2025

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:	CMA 0907 0907 RNB2400000001 2	Procurement Folder:	1329614
Document Name:	WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT	Reason for Modification:	Change Order 01: To Renew Contract
Document Description:	WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2025-02-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-01-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000019670 BIRCHWOOD SOLUTIONS LLC 99 E MAIN ST., STE 200  FRANKLIN TN 37064 US Vendor Contact Phone: 813-334-5070 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: Margaret E Alston Requestor Phone: (304) 558-3596 Requestor Email: margaret.e.alston@wv.gov  <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
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

Total Order Amount:	Open End
---------------------	----------

Purchasing Division's File Copy

*3/3/25*

PURCHASING DIVISION AUTHORIZATION
DATE: <i>3/6/25</i>
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: <i>4/1/2025</i>
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: <i>4-1-25</i>
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 02/1/2025 through 1/31/2026.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121700			EA	65.000000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:**     Facilitated Support Group Management - Initial Year

**Extended Description:**

For further details see attached pricing page.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85121700			EA	65.000000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:**     Facilitated Support Group Management - Option Year #1

**Extended Description:**

For further details see attached pricing page.

Dr. Sue Painter, DNP, RN  
Executive Director

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



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

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

February 1, 2025

Elizabeth Temple  
CEO  
Birchwood Solutions, LLC  
342 B Main St. Ste 204  
Franklin, TN 37064

Subject: RENEWAL OF CMA RNB2400000001 – WV Restore Facilitated Support Group Management.

Dear Ms. Temple:

The WV Board of Registered Nurses is informing Birchwood Solutions, 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 black ink, appearing to read "Margaret E. Alston", written over a horizontal line.

Margaret Alston  
Director of Finance and Operations  
WV Board Registered Nurses

A handwritten signature in black ink, appearing to read "Elizabeth Temple", written over a horizontal line.

Elizabeth Temple  
CEO  
Birchwood Solutions

You are viewing this page over a secure connection. Click [here](#) for more information.

## 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.*

### BIRCHWOOD SOLUTIONS, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	12/19/2019		12/19/2019	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	6117 - Educational Services - Educational Services - Educational Support Services		<b>Capital Stock</b>
<b>Charter County</b>	<b>Control Number</b>		
<b>Charter State</b>	TN	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>	<b>Par Value</b>		
<b>Authorized Shares</b>	<b>Young Entrepreneur</b>		No

**Addresses**

Type	Address
<b>Designated Office Address</b>	99 E MAIN STREET STE 200 FRANKLIN, TN, 37064
<b>Mailing Address</b>	PO BOX 361 ARRINGTON, TN, 37014 USA
<b>Notice of Process Address</b>	BRIAN BOYD 214 OVERLOOK CIRCLE STE 275 BRENTWOOD, TN, 37027
<b>Principal Office Address</b>	99 E MAIN ST STE 200, BOX 15 FRANKLIN, TN, 37064 USA
Type	Address

**Officers**

Type	Name/Address
<b>Member</b>	ELIZABETH TEMPLE 1363 CAROLINE CIRCLE FRANKLIN, TN, 37064
Type	Name/Address

**DBA**

DBA Name	Description	Effective Date	Termination Date
BIRCHWOOD SOLUTIONS	TRADENAME	12/19/2019	
DBA Name	Description	Effective Date	Termination Date

**Annual Reports**

Filed For
2024
2023
2022
2021
2020

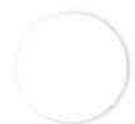
Date filed

[File Your Current Year Annual Report Online Here](#)

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

Monday, March 3, 2025 — 2:16 PM



© 2025 State of West Virginia



[Home](#) [Search](#) [Data Bank](#) [Data Services](#) [Help](#)**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

"BIRCHWOOD SOLUTIONS" 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

Reset ↺



# 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



Feedback



## Our Website

[About This Site](#)[Our Community](#)[Release Notes](#)[System Alerts](#)

## Policies

[Terms of Use](#)[Privacy Policy](#)[Restricted Data Use](#)[Freedom of Information Act](#)[Accessibility](#)

## Our Partners

[Acquisition.gov](#)[USASpending.gov](#)[Grants.gov](#)[More Partners](#)

## Customer Service

[Help](#)[Check Entity Status](#)[Federal Service Desk](#)[External Resources](#)[Contact](#)

### **WARNING**

This is a U.S. General Services Administration Federal Government computer system that is **"FOR OFFICIAL USE ONLY."** This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

This system contains Controlled Unclassified Information (CUI). All individuals viewing, reproducing or disposing of this information are required to protect it in accordance with 32 CFR Part 2002 and GSA Order CIO 2103.2 CUI Policy.

# SAM.gov

## An official website of the U.S. General Services Administration

Dr. Sue Painter, DNP, RN  
Executive Director

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



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

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 E. Alston".

RE: CMA RNB2400000001- WV Restore Facilitated Support Group Management.

This memo is to serve as justification for backdating the renewal for CMA RNB2400000001 for the WV Restore Facilitated Support Group Management.

Due to the inclement weather conditions in late January and early February and the steps to process the renewal in the wvOasis system 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.

*Backdate  
approved  
downward ntu*

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Kerry D. McDonnell</u> Date: <u>3/03/25</u> Solicitation No. <u>CMA RNB24*01 c/o</u> <u>Last year spend \$10,428.00</u>	Agency: WV Board of Registered Nurses Procurement Officer Submitting Requisition: Margaret Alston Requisition No. CMA RNB24*01 PF No.: 1329614
--	---

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"/>
	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 checked="" type="checkbox"/>	<input 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: \_\_\_\_\_

