



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: 03-10-2025

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 0932 4861 DRS2300000002 3	Procurement Folder:	1175171
Document Name:	Various Adaptive Aids for the sight and hearing impaired.	Reason for Modification:	
Document Description:	Various Adaptive Aids for the sight and hearing impaired.	Change Order 2	
Procurement Type:	Central Master Agreement	To Renew Contract	
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-03-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-03-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VC0000000167 INDEPENDENT LIVING AIDS LLC 137 RANO ST BUFFALO NY 14207 US Vendor Contact Phone: 516-450-3824 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: Tammy Murdock Requestor Phone: (304) 760-7180 Requestor Email: tammy.k.murdock@wv.gov 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD NITRO WV 25143 US	PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD NITRO WV 25143 US

CR 3-10-25

Purchasing Division's File Copy

Total Order Amount:

Open End

7/10/25

PURCHASING DIVISION AUTHORIZATION
DATE: *Murphy* 3/10/2025
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: *John S. Gray*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: *Eds* 3-11-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

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 March 15, 2025 through March 14, 2026.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42210000			EA	0.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: ADAPTIVE AIDS

Extended Description:

PER EXHIBIT A PRICING PAGE, AS ATTACHED

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	78121603			OR	7.750000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders

\$0.00 - \$24.99

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	78121603			OR	9.450000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders

\$25.00 - \$49.99

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	78121603			OR	11.950000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Freight/ Shipping Charges

Extended Description:

Shipping on Orders

\$50.00 - \$75.00



WEST VIRGINIA DIVISION OF
REHABILITATION SERVICES

Rehabilitation Programs
10 McJunkin Road
Nitro, West Virginia 25143
P: 304.760.7166 | F: 304.759.2274
Toll-free: 1.800.642.8207
wvdrs.org
Pisnu Bus-Iam, Director

February 18, 2025

Independent Living Aids, LLC
Karin Danza
137 Rano Street
Buffalo, NY 14207

RE: DRS2300000002 Adaptive Aids

Dear Ms. Danza,

The Division of Rehabilitation Services, VISIONS Program, requests agreement to renew your current contract, DRS2300000002, through March 14, 2026. Please sign below that you agree to this renewal under the same terms, conditions, prices and specifications contained in the original contract. The effective date of the renewal will be 3/15/25 through 3/14/26.

AGREED

Karin Danza Account Manager *3-4-25*

Signature

Title

Date

Tammy Murdock

Program Specialist

3/4/25

Please return the signed letter to my attention via FAX to 304-759-2264, or by mail at the WV Division of Rehabilitation Services, 10 McJunkin Rd, Nitro, WV 25143. I have also enclosed a copy of the required No Debt Affidavit form. Please sign and return it with this letter.

Thank you for your prompt attention to this request. Feel free to call me at 304-760-7180 with any questions.

Sincerely,

Tammy Murdock

Tammy Murdock

Program Specialist, VISIONS Program

Together, we enable and empower individuals with disabilities to work and
to live independently by providing individualized services to consumers and employers.

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Business Organization Detail

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INDEPENDENT LIVING AIDS LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
ELC Exempt LLC	4/2/2015		4/2/2015	Foreign	Profit			

Organization Information		
Business Purpose	Capital Stock	
Charter County	Control Number	9A9KO
Charter State	NY	Excess Acres
At Will Term	Member Managed	
At Will Term Years	Par Value	× Close)
Authorized Shares	Entr	Hi, I'm SOLO! I can help you file your Annual Report.

Addresses

Type	Address
Principal Office Address	137 RANO ST BUFFALO, NY, 14207 USA
Type	Address

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

Thursday, March 6, 2025 — 7:39 AM

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Report.



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All Words

e.g. 1606N020Q02



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Entity Information



All Entity Information

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Disaster Response Registry

Responsibility / Qualification

Exclusions

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Simple Search

Search Editor

- ☐ Any Words ⁱ
- ☐ All Words ⁱ
- ☐ Exact Phrase ⁱ

e.g. 123456789, Smith Corp

"Independent living aids"

×

Entity



Location



Status



Active



Inactive

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>TW-09</u> Date: <u>3/6/25</u> Solicitation No. <u>CMA DRS23 002</u>	Agency: Division of Rehabilitation Services <hr/> Procurement Officer Submitting Requisition: John Caldwell <hr/> Requisition No. CMA DRS2300000002 <hr/> PF No.: 1175171
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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:

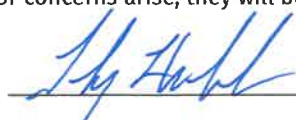
1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: _____



WV-50A

Rev. 1/20/2023

Manual Search Verifications: By signing below the procurement officer certifies that he or she has verified that:

- ☒ **Vendor is in compliance** with the Secretary of State requirements for business registration (or is not required to register with that office or has obtained the necessary exemption), that the vendor is not identified as a debarred vendor within the Federal SAM system, and that the vendor is not listed on the West Virginia Purchasing Division's list of debarred vendors.
- ☐ **Vendor is not in compliance** with the Secretary of State requirements for business registration and this will need to be remedied before contract award.

John Caldwell
Procurement Officer Signature

3-4-2025

Date

John Caldwell
Procurement Officer Printed Name



Welch, Toby L <toby.l.welch@wv.gov>

CMA DRS23*02

3 messages

Slone, Sheri D <sher.i.d.slone@wv.gov>
To: Toby L Welch <toby.l.welch@wv.gov>

Fri, Mar 7, 2025 at 8:05 AM

Good morning Toby. You sent a Memorandum to Tammy Murdock regarding the renewal for CMA DRS23*02. We have not spent over 100,000.00 yearly on this contract. It was our understanding that the Governor's office only needed to review initial purchases of 100,000 or more. That this did not include contract renewals for contracts that were already in place. Please advise.

Thank you
Sheri D Slone
Procurement Manager
West Virginia Division of Rehabilitation Services
10 McJunkin Road
Nitro, WV 25143
email: sher.i.d.slone@wv.gov
phone: 304-356-2103
cell phone: 681-340-0279

Welch, Toby L <toby.l.welch@wv.gov>
To: "Slone, Sheri D" <sher.i.d.slone@wv.gov>

Mon, Mar 10, 2025 at 7:32 AM

Good morning Sheri,
Thank you for the explanation. I will take this to our folks to see if this email is good enough to move forward without Gov Office Review.

Toby Welch
Senior Buyer, Purchasing Division
304-558-8802 • Toby.L.Welch@wv.gov



[Quoted text hidden]

Welch, Toby L <toby.l.welch@wv.gov>
To: "Slone, Sheri D" <sher.i.d.slone@wv.gov>

Mon, Mar 10, 2025 at 8:05 AM

Sheri, Based off of your explanation that the spend will not be \$100,000.00 or more for the year, we will move this one through.

We just want to make sure that we speak to and not circumvent Executive order 4-25.

Thanks so much