



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: 06-03-2025

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 0323 9612 WWW2400000009 2	Procurement Folder:	1432458
Document Name:	CO #1 Transcription Services, Legal and Medical	Reason for Modification:	Change Order #1 to renew contract
Document Description:	CO #1 Transcription Services, Legal and Medical		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-07-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-06-30

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000016208 DATAGAIN INC 10750 MOORE DR  PARKLAND FL 33076 US Vendor Contact Phone: 2015981767 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: Tina L Lesavich Requestor Phone: 304-558-2631 Requestor Email: tina.l.lesavich@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
FISCAL AND ADMINISTRATIVE MANAGEMENT - 5301 WORKFORCE WEST VIRGINIA  1900 KANAWHA BLVD, EAST  BLDG 3, 3RD FLOOR, SUITE 300  CHARLESTON WV 25305  US	OFFICE OF ADMIN SUPPORT - 5302 WORKFORCE WEST VIRGINIA  1900 KANAWHA BLVD E  BLDG 3, 8TH FLOOR  CHARLESTON WV 25305  US

CR 6-5-25

Purchasing Division's File Copy

Total Order Amount:

Open End

PURCHASING DIVISION AUTHORIZATION

DATE: *6/4/2025*  
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: *6/10/2025*  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *6-10-25*  
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

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

Effective date of renewal 07/01/2025 through 06/30/2026

Renewal Years Remaining 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	82111603			PAGE	0.900000
	Service From	Service To	Service Contract Amount		
			0.00		

**Commodity Line Description:** Transcription Services, Legal and Medical

**Extended Description:**

Estimated quantity of 2,000 is per month based on usage. Please enter price per page based on estimated quantity

June 2, 2025

Datagain Inc.  
10750 Moore Drive  
Parkland, FL 33076

Re: Change Order #1 CMA WWV2400000009

WorkForce West Virginia is offering to renew the subject contract referenced above for Transcription Services, Legal and Medical.

By signing below Datagain Inc. indicates their agreement to the renewal for the service period of 07-01-25 through 06-30-26.

Please return to me via email @ [Tina.L.Lesavich@wv.gov](mailto:Tina.L.Lesavich@wv.gov).

Thank you.



WorkForce West Virginia

6/3/25

Date



Datagain Inc.

06/02/2025

Date

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>10 - Brandon Barr</u> Date: <u>6/4/2025</u> Solicitation No. <u>CMA WWV24*09</u>	Agency: WorkForce West Virginia Procurement Officer Submitting Requisition: Tina Lesavich Requisition No. CMA WWV2400000009 PF No.: 1432458
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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 ( <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 type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: \_\_\_\_\_

6/4/2025

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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.

#### DATAGAIN INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	6/28/2024		6/28/2024	Foreign	Profit			

Organization Information		
<b>Business Purpose</b>	5419 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Other Professional/Scientific/Technical Services (marketing research, public opinion polling, photographic, translation & interpretation, veterinary services)	
<b>Charter County</b>	Kanawha	<b>Capital Stock</b>
<b>Charter State</b>	NJ	<b>Control Number</b>
<b>At Will Term</b>		<b>Excess Acres</b>
<b>At Will Term Years</b>		<b>Member Managed</b>
<b>Authorized Shares</b>		<b>Par Value</b>
	<b>Young Entrepreneur</b>	No

Addresses	
Type	Address
<b>Local Office Address</b>	1 CREEKSIDE COURT SECAUCUS, NJ, 07094 <i>x SEE ATTACHED</i>
<b>Mailing Address</b>	1 CREEKSIDE COURT SECAUCUS, NJ, 07094 USA
<b>Notice of Process Address</b>	REGISTERED AGENT INC 110 MAIN ST. BECKLEY, WV, 25801
<b>Principal Office Address</b>	1 CREEKSIDE COURT SECAUCUS, NJ, 07094 USA
Type	Address

Officers		X Close
Type	Name/Address	
<b>President</b>	RISHI DARIRA 1 CREEKSIDE COURT SECAUCUS, NJ, 07094	Hi, I'm SOLO! I can help you file your Annual Report.
Type	Name/Address	

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









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

Vendor/Customer


Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
VS0000016208	DATAGAIN INC		Active	Inactive	
✓ VS0000038591	DATAGAIN INC	DATAGAIN INC	Inactive	Inactive	

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## ▼ General Info

Vendor/Customer :	VS0000038591	Restrict Use by Department :	<input type="checkbox"/>
Legal Name :	DATAGAIN INC	Miscellaneous Account :	<input type="checkbox"/>
Alias/DBA :	DATAGAIN INC	Internal Account :	<input type="checkbox"/>
Vendor Active Status :	Inactive ▼	Third Party Only :	<input type="checkbox"/>
Vendor Approval Status :	N/A	Third Party Vendor :	<input type="checkbox"/>
Customer Active Status :	Inactive ▼	Third Party Customer :	<input type="checkbox"/>
Customer Approval Status :	Incomplete	Inventory Customer :	<input type="checkbox"/>
Location Name :		Healthcare Provider :	<input type="checkbox"/>
First Name :		Never Archive :	<input type="checkbox"/>
Middle Name :		Restrict VSS Access :	No ▼
Last Name :		Discontinue - No New Business :	<input type="checkbox"/>
Company Name :	DATAGAIN INC	Prevent MA Reference :	<input type="checkbox"/>
Previous Name :		PunchOut Enabled :	<input type="checkbox"/>
Previous Street :		Re-PunchOut Enabled :	<input type="checkbox"/>
Previous City :		Electronic Order Enabled :	<input type="checkbox"/>
Previous State/Province :		W-9 Received :	<input type="checkbox"/>
Previous Country :		W-9 Received Date :	
		W-8 Received :	<input type="checkbox"/>
		W-8 Received Date :	
		Accepts Credit Cards :	<input type="checkbox"/>
		Active From :	
		Active To :	
		Last Usage Date :	04/20/2025
		Department :	0212 
		Unit :	

## ▼ Headquarters

Headquarters Account :	Yes	Web Address http:// :	
Headquarters Account Code :	VS0000038591 	Catalog DUNS :	
Headquarters Account Legal Name :	DATAGAIN INC	Catalog Extended DUNS :	
Franchise Account :	<input type="checkbox"/>	Catalog Unique Entity Identifier :	
		Taxpayer ID Number :	465535772
		Taxpayer ID Number Type :	SSN/ITIN/ATIN ▼

## ► Organization

## ► Disbursement Options

## ► Prenote/EFT

## ► Remittance Advice

## ► Vendor Terms

## ► Accounts Receivable

## ► eMALL

## ► Location Information

## ► Fee and Vendor Compliance Holds

## ► Executive Compensation

## ► Additional Information

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Vendor/Customer

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Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Billing	1 CREEKSIDE COURT	Secaucus	NJ	07094	Rishi Darina
Payment	1 CREEKSIDE COURT	Secaucus	NJ	07094	Rishi Darina
Ordering	1 CREEKSIDE COURT	Secaucus	NJ	07094	Rishi Darina
Web Registrar	1 CREEKSIDE COURT	Secaucus	NJ	07094	Rishi Darina

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Vendor/Customer : VS0000038591  
DATAGAIN INC  
Address Type : Billing  
Division/Department :  
Additional Address Info. :  
Prevent New Spending :  
Default Currency : USD - US Dollar

Active From : 08/10/2021  
Active To :  
Default Record :  
Mail Returned :  
Active Address : Yes

▼ Address Information

Address ID : AD000002  
Street 1 : 1 CREEKSIDE COURT  
Street 2 :  
City : Secaucus  
State/Province : NJ  
Zip/Postal Code : 07094  
DUNS : 079422914  
Extended DUNS :  
Unique Entity Identifier :  
CAGE Code :

Country Phone Code : 1  
Phone : 201-598-1767  
Phone Extension :  
County : NY061  
County Name : New York  
Country : US

► Prenote/EFT

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► Contact Address Information

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Vendor/Customer

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- Contact Information
- Contact Address Information
- Geographic Designation
- Change Management

Business Type

Service Area

Commodity

W-8 Form

Authorized Dept.

Prevent Spending

Prevent Orders

Certification

Disclosures

Vendor User Information

Vendor Attachments

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	10750 MOORE DR	PARKLAND	FL	33076	Rishi Darira
Ordering	10750 MOORE DR	PARKLAND	FL	33076	Rishi Darira
Web Registrar	10750 MOORE DR	PARKLAND	FL	33076	Rishi Darira

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Save [Undo](#) Delete Insert [Copy](#) Paste

Vendor/Customer : VS0000016208

Active I

DATAGAIN INC

Acti

Address Type : Payment

Default Re

Division/Department :

Mail Retu

Additional Address Info. :

Active Adc

Prevent New Spending :

Default Currency : USD - US Dollar

Address Information

Address ID : AD000004



Country Phone Code : 1

Street 1 : 10750 MOORE DR

Phone : 201-598-1767

Street 2 :

Phone Extension :

City : PARKLAND

County :



State/Province : FL



County Name :

Zip/Postal Code : 33076

Country : US



DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

Prenote/EFT

Remittance Advice

Contact Information

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Geographic Designation

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[Vendor Transaction History](#)

Vendor/Customer

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VS0000016208	DATAGAIN INC		Active	Inactive	
VS0000038591	DATAGAIN INC	DATAGAIN INC	Inactive	Inactive	

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## ▼ General Info

Vendor/Customer : VS0000016208	Restrict Use by Department :
Legal Name : DATAGAIN INC	Miscellaneous Account :
Alias/DBA :	Internal Account :
Vendor Active Status : Active ▼	Third Party Only :
Vendor Approval Status : Complete	Third Party Vendor :
Customer Active Status : Inactive ▼	Third Party Customer :
Customer Approval Status : Incomplete	Inventory Customer :
Location Name :	Healthcare Provider :
First Name :	Never Archive :
Middle Name :	Restrict VSS Access : No ▼
Last Name :	Discontinue - No New Business :
Company Name : DATAGAIN INC	Prevent MA Reference :
Previous Name :	PunchOut Enabled :
Previous Street :	Re-PunchOut Enabled :
Previous City :	Electronic Order Enabled :
Previous State/Province : 	W-9 Received : <input checked="" type="checkbox"/>
Previous Country : 	W-9 Received Date : 04/03/2025 
	W-8 Received :
	W-8 Received Date : 
	Accepts Credit Cards :
	Active From : 05/21/2018 
	Active To : 
	Last Usage Date : 04/20/2025
	Department : 0212 
	Unit : 

## ▼ Headquarters

Headquarters Account : Yes	Web Address http:// :
Headquarters Account Code : VS0000016208 	Catalog DUNS : 079422914
Headquarters Account Legal Name : DATAGAIN INC	Catalog Extended DUNS :
Franchise Account :	Catalog Unique Entity Identifier :
	Taxpayer ID Number : 465535772
	Taxpayer ID Number Type : EIN ▼

## ▶ Organization

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**Records Retention Policy Impacts Old SAM Registration Data**

May 21, 2025

In accordance with GSA records retention policy, SAM.gov registration data older than ten (10) years is to be destroyed. Read more about it in [the full announcement](#).

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All Words

e.g. 1606N020Q02






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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

"DATAGAIN INC." Entity Location Status 

- ☒ Active
- ☐ Inactive

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