



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: 06-23-2025

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 0613 9905 VNFFOOD23C 3	Procurement Folder:	1193963
Document Name:	Prequalification for Food, Beverage, and Paper Goods.	Reason for Modification:	
Document Description:	Prequalification for Food, Beverage, and Paper Goods.	Change Order No. 02 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-06-25
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-06-24

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000228364 PERFORMANCE FOOD GROUP INC 12500 WEST CREEK PARKWAY  RICHMOND VA 23238 US Vendor Contact Phone: 2342127823 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: Michael A Clevenger Requestor Phone: 304-626-1600 Requestor Email: michaelclevenger06@gmail.com  <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
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY  CLARKSBURG WV 26301  US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY  CLARKSBURG WV 26301  US

CR 6-25-25

Total Order Amount:	Open End
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Purchasing Division's File Copy

JA 6/24/20

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

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: <i>6/27/2025</i>
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: <i>6-27-25</i>
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order No. 02

Change Order No. 02 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 6/25/2025 through 6/24/2026.

Renewal Years Remaining: 0

No other Changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	50000000				0.000000
Service From		Service To		Service Contract Amount	
2023-06-25		2026-06-24		0.00	

**Commodity Line Description:** Food, Beverage, and Paper Goods

**Extended Description:**

Food, Beverage, and Paper Goods



*West Virginia Veterans Nursing Facility  
One Freedoms Way  
Clarksburg WV 26301*

May 20, 2025

Jeffrey Hill  
Performance Food Group Inc  
12500 West Creek Parkway  
Richmond, VA 23238

RE: Renewal CMA 0613 9905 VNFFOOD23C

Dear Mr. Hill,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 6/25/2025 to 6/24/2026. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600.

Regards,

Michael Clevenger  
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

x

SIGNATURE

DATE

5-23-2025

PRINT NAME

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

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#### PERFORMANCE FOOD GROUP, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	9/28/1998		9/28/1998	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	4244 - Wholesale Trade - Wholesale Trade, Nondurable Goods - Grocery and Related Product Merchant Wholesalers		<b>Capital Stock</b> 0.0000
<b>Charter County</b>			<b>Control Number</b> 0
<b>Charter State</b>	CO	<b>Excess Acres</b>	0
<b>At Will Term</b>	<b>Member Managed</b>		
<b>At Will Term Years</b>			<b>Par Value</b> 0.000000
<b>Authorized Shares</b>	0	<b>Young Entrepreneur</b>	Not Specified

**Addresses**

Type	Address
<b>Local Office Address</b>	5098 WASHINGTON ST. W. STE 407 CHARLESTON, WV, 25313
<b>Mailing Address</b>	12500 WEST CREEK PARKWAY RICHMOND, VA, 23238 USA
<b>Notice of Process Address</b>	NATIONAL REGISTERED AGENTS, INC 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	12500 WEST CREEK PARKWAY RICHMOND, VA, 23238 USA
Type	Address

**Officers**

Type	Name/Address
<b>Director</b>	A. BRENT KING 12500 WEST CREEK PARKWAY RICHMOND, VA, 23238
<b>Director</b>	CHASITY D. GROSH 12500 WEST CREEK PARKWAY RICHMOND, VA, 23238
<b>President</b>	SCOTT MCPHERSON 12500 WEST CREEK PARKWAY RICHMOND, VA, 23238
<b>Secretary</b>	A. BRENT KING 12500 WEST CREEK PARKWAY RICHMOND, VA, 23238
<b>Vice-President</b>	ERIKA T. DAVIS 12500 WEST CREEK PKY. RICHMOND, VA, 23238
Type	Name/Address

**Name Changes**

Date	Old Name
<b>8/22/2011</b>	VISTAR CORPORATION
<b>12/13/2002</b>	MULTIFOODS DISTRIBUTION GROUP, INC.
Date	Old Name

Date	Amendment
<b>8/22/2011</b>	NAME CHANGE: FROM VISTAR CORPORATION
<b>12/13/2002</b>	NAME CHANGE: FROM MULTIFOODS DISTRIBUTION GROUP, INC.
Date	Amendment

## Annual Reports

### Filed For

2025

2024

2023

2022

2021

2020

2019

2018

2017x

2017

2016

2015

2014

2013

2012

2010

2009

2006

2005

2004

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2001

2000

2000

1999

Date filed

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

Tuesday, June 24, 2025 — 10:50 AM

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e.g. 123456789, Smith Corp

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- ☐ Inactive

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All Entity Information

Entities

Disaster Response Registry

Responsibility / Q

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>JA</u> Date: <u>6/24/2025</u>  Solicitation No. <u>CO no.2- Renew</u>	Agency: WVNF  Procurement Officer Submitting Requisition: Michael Clevenger  Requisition No. CMA VNFFOOD23C  PF No.: 1193963
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/> N/A
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N/A
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N/A
<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: \_\_\_\_\_

*[Handwritten Signature]*