



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

State of West Virginia
Contract

Order Date: 07-15-2025

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 0511 2754 CSE2500000001 4	Procurement Folder:	1509319
Document Name:	MDHS- Interstate Data Exchange Consortium (IDEC)	Reason for Modification:	CHANGE ORDER 1 TO CORRECT CONTRACT TOTAL
Document Description:	MDHS- Interstate Data Exchange Consortium (IDEC)		
Procurement Type:	Central Contract - Fixed Amt		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
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: VS0000009692			Requestor Name:	Virginia G Hill
Mississippi Department of Human Services			Requestor Phone:	(304) 558-3780
200 S LAMAR ST			Requestor Email:	virginia.g.hill@wv.gov
JACKSON	MS	39201-4013		
US				
Vendor Contact Phone:	601-359-4756	Extension:		
Discount Details:				
	Discount Allowed	Discount Percentage	Discount Days	
#1	No	0.0000	30	
#2	Not Entered			
#3	Not Entered			
#4	Not Entered			
			2026	
			FILE LOCATION	

INVOICE TO	SHIP TO
FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV 25301-3703 US	FISCAL UNIT MANAGER 304-356-4715 HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV 25301-3703 US

Total Order Amount: \$68,287.92

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION DATE: <i>Tanya</i> 7/16/25 ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>9/22/25</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION DATE: <i>7-22-25</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

CHANGE ORDER 1

CHANGE ORDER 1 HAS BEEN ISSUED TO CORRECT THE TOTAL CONTRACT AMOUNT PER THE PRICING PAGE THAT WAS INCLUDED IN THE ORIGINAL CONTRACT DOCUMENTS BUT ENTERED INCORRECTLY ON CONTRACT COMMODITY LINES.

NO OTHER CHANGES

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	43232306	24.00000	MO	2645.330000	\$63,487.92
Service From	Service To	Manufacturer	Model No		
2024-07-01	2026-06-30				

Commodity Line Description: Data base user interface and query software**Extended Description:**

component charges

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	43232306	24.00000	MO	200.000000	\$4,800.00
Service From	Service To	Manufacturer	Model No		
2024-07-01	2026-06-30				

Commodity Line Description: Data base user interface and query software**Extended Description:**

seat agency administrative charges

COST DISTRIBUTION FOR IDEC SERVICES (INFORMATIX CONTRACT)

PARTICIPATING STATE:

WEST VIRGINIA

21-May-24

SCHEDULE A - CONTRACT CHARGES FOR THE PARENT LOCATE COMPONENT OF IDEC

	A Contractor Total Charges	B Seat Agency Administrative Charges	C Total IDEC Annual/Month Charges
CONTRACT CHARGES EFFECTIVE July 1, 2024-June 30, 2026 (5 Contracting Agencies participating in the Parent Locate Component of IDEC)			
ANNUAL	\$0.00	\$0.00	\$0.00
MONTHLY	\$0.00	\$0.00	\$0.00
Month	Contractor Monthly Charge	Seat Agency Administrative Charge	Total Monthly State Charges
July	\$0.00	\$0.00	\$0.00
August	\$0.00	\$0.00	\$0.00
September	\$0.00	\$0.00	\$0.00
October	\$0.00	\$0.00	\$0.00
November	\$0.00	\$0.00	\$0.00
December	\$0.00	\$0.00	\$0.00
January	\$0.00	\$0.00	\$0.00
February	\$0.00	\$0.00	\$0.00
March	\$0.00	\$0.00	\$0.00
April	\$0.00	\$0.00	\$0.00
May	\$0.00	\$0.00	\$0.00
June	\$0.00	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00	\$0.00

COST DISTRIBUTION FOR IDEC SERVICES (INFORMATIX CONTRACT)

PARTICIPATING STATE:

WEST VIRGINIA

SCHEDULE B - CONTRACT CHARGES FOR FIDM SERVICES:

	A Contractor FIDM Charge	B Seat Agency Administrative Charges (FIDM)	C TOTAL FIDM CHARGES
ANNUAL	\$31,743.96	\$2,400.00	\$34,143.96
MONTHLY	\$2,645.33	\$200.00	\$2,845.33

SCHEDULE C - MONTHLY COST FOR IDEC PARENT LOCATE AND FIDM SERVICES COMBINED:

	A Contractor Parent Locate Charges	B Contractor FIDM Charges	C Contractor Combined Charges	D Seat Agency Administrative Charges (PL)	E Seat Agency Administrative Charges (FIDM)	F Total Annual/Monthly Charges	J 2-Year Total Charges
CONTRACT CHARGES EFFECTIVE July 1, 2024-June 30, 2026							
ANNUAL	\$0.00	\$31,743.96	\$31,743.96	\$0.00	\$2,400.00	\$34,143.96	
MONTHLY	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
SUMMARY OF MONTHLY COSTS FOR IDEC PARENT LOCATE AND FIDM SERVICES COMBINED:							
Month	Contractor Parent Locate Charges	Contractor FIDM Charges	Contractor Combined Charges	Seat Agency Administrative Charges (PL)	Seat Agency Administrative Charges (FIDM)	Total Annual/Monthly Charges	Total 2-Year Charges
July	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
August	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
September	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
October	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
November	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
December	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
January	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
February	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
March	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
April	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
May	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
June	\$0.00	\$2,645.33	\$2,645.33	\$0.00	\$200.00	\$2,845.33	
TOTALS	\$0.00	\$31,743.96	\$31,743.96	\$0.00	\$2,400.00	\$34,143.96	\$68,287.92



Extended SAM Maintenance Window [Show Details](#)
Jul 10, 2025



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Records Retention Policy Impacts Old SAM Registration Data [Show Details](#)
May 21, 2025



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All Words

e.g. 1606N020Q02



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Search Editor

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- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"mississippi department of human services" 

Entity

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Status

- ☒ Active
- ☐ Inactive

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Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q&A



No matches found

Your search did not return any results for active records.
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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business & Licensing

Business Organization Search

SEARCH TIPS: If you have trouble finding a business, try the following:

1. Enter one or more key words in the business name
2. Use the % symbol for a wild card search.
Example: searching for Fraternal Order Eagles 1234 ABCD, Inc.
%Fraternal%1234%
3. The search results will include what are commonly referred to as a fictitious business names in the results, if they have been registered with the State Tax Department.

[Back To Top](#)

Matching records found: **0**. Please note that the results are broken into four results types: *Org Name*, *Doing Business As*, *Name Change* and *Name Registrations/Reservations*. You may use the following four links to see the results for each type.

Organization Results

Organization Name	Org Id	Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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No results found.

Organization Name	Org Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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DBA Results

Organization Name	Org Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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No results found.

Organization Name	Org Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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Name Change Results

Organization Name	Org Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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No results found.

Organization Name	Org Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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Registration/Reservation Results

Organization Name	NRG/NRS Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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No results found.

Organization Name	NRG/NRS Id	Org Type	Effective Date	Established Date	Termination Date	Termination Reason	Charter	Class
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**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.*

Tuesday, July 15, 2025 — 3:06 PM

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Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VS0000009692	Mississippi Department of Human Services		Active	Inactive	








From 1 to 1 of 1 First Prev Next Last [Attachments](#)Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) [Search](#) 

▼ General Info

Vendor/Customer :	VS0000009692	Restrict Use by Department :	<input type="checkbox"/>
Legal Name :	Mississippi Department of Hu	Miscellaneous Account :	<input type="checkbox"/>
Alias/DBA :		Internal Account :	<input type="checkbox"/>
Vendor Active Status :	Active ▼	Third Party Only :	<input type="checkbox"/>
Vendor Approval Status :	Complete	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 :	Mississippi Department of Hu	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 :	05/26/2016 
		Active To :	
		Last Usage Date :	06/29/2025
		Department :	0212 
		Unit :	

► Headquarters

▼ Organization

Organization Type :	Company ▼	1099 Indicator :	No
1099 Classification :	Government ▼	1042-S Indicator :	
Foreign Ownership Interest :	<input type="checkbox"/>	Taxpayer ID Number :	646000807 
1042-S Ch. 3 Recipient Code :		Taxpayer ID Number Type :	EIN ▼
1042-S Ch. 4 Status Code :		Detailed TIN Type :	
Number of Employees :	▼	Foreign Tax ID :	
Merchant ID :		GIIN :	
Sex :	▼	1042-S Recipient Account Number :	
Date of Birth :		W-8 Form :	▼
Marital Status :	▼	Tax Profile :	
Annual Income :	▼	Tax Profile Name :	
IRS Country of Residence :		EBIC Number :	
IRS Country Sub Code :		IAEC Number :	
		Web Address http:// :	

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>7/15/25</u> Solicitation No. <u>CCT CSE 25*01</u>	Agency: WV DHHR Procurement Officer Submitting Requisition: Althea Greenhowe Requisition No. CCT CSE25*01 PF No.: 1509319
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input 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: _____

Crystal Hustead