

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: 09-18-2025

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 VNF2400000003 3	Procurement Folder:	1281126
Document Name:	Skilled Rehabilitation Therapy Services	Reason for Modification:	
Document Description:	VNF Therapy Services	Change Order No. 02 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-09-30

VENDOR					DEPARTMENT CONTACT
Vendor	Customer Code:	VS0000014291		Requestor Name:	Michael A Clevenger
BENCH	MARK THERAPIES	INC		Requestor Phone:	304-626-1600
11559 V	VILLIAM PENN HIGH	HWAY		Requestor Email:	michaelclevenger06@gmail.com
HUNTIN	IGDON	PA	16652		
US					
	Contact Phone: int Details:	814-599-9754 <b>Extens</b>	sion:		2026
	Discount Allowed	Discount Percentage	Discount Days	[] F	ILE LOCATION
#1	No	0.0000	0		
#2	No		·		
#3	No		<u> </u>		
#4	No	·			

INVOICE TO			SHIP TO
DIVISION OF VETERANS AFFAIRS		VETERAN'S NURSING FACILITY	(
1 FREEDOMS WAY		1 FREEDOMS WAY	
CLARKSBURG	WV 26301	CLARKSBURG	WV 26301
us		us	

CR 9-22-25

Total Order Amount: Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATELLA KL 9/22 BG

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVALAS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION** 

DATE: 4 25 - 25

**ELECTRONIC SIGNATURE ON FILE** 

Date Printed: Sep 19, 2025 Order Number: CMA 0613 9905 VNF2400000003 3

Page: 1 FORM ID: WV-PRC-CMA-002 2020/01

#### **Extended Description:**

Change Order

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 10/01/2025 through 9/30/2026.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85122102				0.000000
	Service From	Service To		Service Conf	ract Amount
	2023-10-01	2026-09-30		0.00	

**Commodity Line Description:** 

Occupational Therapist Services

**Date Printed:** Sep 19, 2025 **Order Number:** CMA 0613 9905 VNF2400000003 3

**Extended Description:** 

See The Pricing Page Exhibit "A"

Page: 2 FORM ID: WV-PRC-CMA-002 2020/01



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

August 20, 2025

Jennifer Mulraney Benchmark Therapies, Inc. 403 6<sup>th</sup> Street Huntingdon, PA 16652

RE: Renewal CMA 0613 9905 VNF24\*03

Dear Ms. Mulraney,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 10/1/2025 to 9/30/2026. 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 .

111

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 Otuber Mulraney, Coo Signature Jennifer Mulraney 8/21/J025 DATE

PRINT NAME

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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.

#### BENCHMARK THERAPIES INC.

BENCHMARK THERAPIES INC.				see atlached				
Organization I	nformatio	n						
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	3/21/2018		3/21/2018	Foreign	Profit			

Term Years Authorized Shares		Par Value Young Entrepreneur	Not Specified
At Will		Don Volus	
At Will Term		Member Managed	
Charter State	PA	Excess Acres	
Charter County	Harrison	Control Number	9ALLM
Business Purpose	6213 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Other Health Practitioners ( chiropractors, optometrist, mental health practitioners, physical, occupational, speech, audiology, podiatrist)	Capital Stock	

Addresses		
Туре	Address	
Local Office Address	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652	
Mailing Address	P.O. BOX 870 HUNTINGDON, PA, 16652 USA	
Notice of Process Address	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311	
Principal Office Address	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652 USA	
Туре	Address	

Officers	
Туре	Name/Address
Director	DAN KRIEGER ONE TRINITY DRIVE EAST SUITE 201 DILLSBURG, PA, 17019
Director	KATE HERSHEY ONE TRINITY DR EAST SUITE 201 DILLSBURG, PA, 17019
President	EDWARD LUBERSKI ONE TRINITY DRIVE E. SUITE 201 DILLSBURG, PA, 17019
Secretary	BEVERLY WICKLINE ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Treasurer	DYAN MCALISTER ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Туре	Name/Address

Annual	Reports
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Filed For	
2025	
2024	
2023	
2022	
2021	
2020	
2019	
Date filed	

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

Wednesday, August 20, 2025 — 8:10 AM

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#### **Benchmark Therapies**

Hospitals & Physicians Clinics · Pennsylvania, United States · 363 Employees

View Company Info for Free

#### Overview

Headquarters 403 6th St, Huntingdon, Pennsylvania, 16652, Un...

Phone Number (814) 506-8212

Website www.benchmarktherapies.com

Revenue \$13.2 Million

industry

Hospitals & Physicians Clinics

Medical Specialists

#### **Most Recent Scoops**

Project

A front-line source has indicated that the organization is focusing on improving executive communication initiatives within the operations department.

Project

A front-line source has indicated that the organization is prioritizing hiring efforts over the next three months.

See all scoops

#### Highlights

<\$5M

Total Funding Amount

<\$5M

Most Recent Funding Amount

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Number of Funding Rounds

View details

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#### **CONTACT US**

for a no-cost and no pressure review of your rehabilitation and wellness services.

LET'S TALK! (HTTPS://BENCHMARKTH.WPENGINEPOWERED.COM/CONTACT/)

## CONTACT US

Whether you're interested in joining our stellar therapy teams or looking for general information, reach out to us for a prompt response.

#### **CONTACT INFO**

- **+**1 877.312.6576
- info@benchmarktherapies.com
- \land 11559 William Penn Highway, P.O. Box 870, Huntingdon, PA 16652

#### in

(https://www.linkedin.com/company/benchmark-

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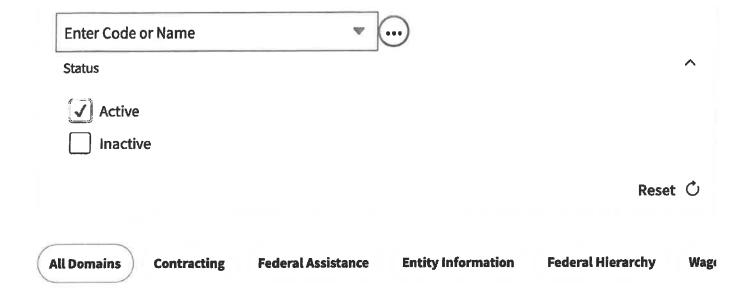
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Your Name (required)

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Polícies	Customer Service

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

Purchasing Division Use:	Agency:		
Buyer: 8 Date:9/22/25	Veterans Clarksburg		
Solicitation NoCMA VNF24*03	Procurement Officer Submitting Requisition: Michael Clevenger		
	Requisition No. CMA VNF24*03		
	PF No.: 1281/26		

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	$\square$			
2	Use of correct specification template				
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	$\square$			
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	$\square$			
5	Maximum budgeted amount in wvOASIS	$\checkmark$			
6	Suggested vendors in wvOASIS				
7	Capitol Building Commission pre-approval				
8	Financing (Governor's Office) pre-approval				
9	Fleet Management Division pre-approval				

Form No. WV-36 Rev. 10/26/2022

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation			
10	Insurance requirements							
	Commercial General Liability							
	Automobile Liability							
	Workers' Compensation/Employer's Liability							
	Cyber Liability							
	Builder's Risk/Installation Floater							
	Professional Liability							
	Other (specify)							
11	Office of Technology CIO pre-approval							
12	Treasurer's Office (banking) pre-approval							
FOR	FOR CHANGE ORDERS/RENEWALS:							
1	Two-party agreement			П	<b>V</b>			
2	Standard change order language	$\square$			<b>7</b>			
3	Office of Technology CIO approval							
4	Justification for price increases/backdating/other				n Th			
5	Bond Rider (Construction)				1/1/			
6	Secretary of State Verification				[V]			
7	State debarment verification				<u> </u>			
8	Federal debarment verification				<u> </u>			
he refe For Pu have r	ms pre-checked are required before a Purchase Relete and verify this documentation may result in procurement officer to determine if pre-approval renced information below may be used to make rchasing Division Use Only:  eviewed the requisition identified above and finew does not preclude the possibility that the very; however, should such issues or concerns arise,	rejection of the r ls, insurance, or o this determinatio  d that it is suffici	equisition back to ther documentation.  ent to advertise progressions of the content of the cont	the agency. It is u on is needed for th ublicly to the vend	p to the e purchase.  or community.			
Signature: <u>David Pauline</u>								

Form No. WV-36 Rev. 10/26/2022