



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: 07-09-2025

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 VNF2500000001 2 | Procurement Folder: | 1430492 |
| Document Name: | Registered Dietician Consulting Services | Reason for Modification: | Change Order No. 01 To renew Contract |
| Document Description: | Registered Dietician and Consultant for WVVNF | | |
| Procurement Type: | Central Master Agreement | | |
| Buyer Name: | | | |
| Telephone: | | | |
| Email: | | | |
| Shipping Method: | Best Way | Effective Start Date: | 2024-07-15 |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: | 2026-07-14 |

| VENDOR | DEPARTMENT CONTACT | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---------------------|---------------------|---------------|----|----|--------|---|----|----|--|--|----|----|--|--|----|----|--|--|---|
| Vendor Customer Code: 000000109245 JAYKAY INC PO BOX 577 TAVARES FL 32778 US Vendor Contact Phone: 352-504-4058 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: michael.a.clevenger@wv.gov 2026 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 7-10-25

Purchasing Division's File Copy

| | |
|---------------------|----------|
| Total Order Amount: | Open End |
|---------------------|----------|

JA 7/10/25

| |
|-----------------------------------|
| PURCHASING DIVISION AUTHORIZATION |
| DATE: 7/10/25 |
| ELECTRONIC SIGNATURE ON FILE |

| |
|--------------------------------------|
| ATTORNEY GENERAL APPROVAL AS TO FORM |
| DATE: 7/11/2025 |
| ELECTRONIC SIGNATURE ON FILE |

| |
|------------------------------|
| ENCUMBRANCE CERTIFICATION |
| DATE: 7-11-25 |
| ELECTRONIC SIGNATURE ON FILE |

Extended Description:

Change Order

Change Order No. 01 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 7/15/2025 through 7/14/2026.

Renewal Years Remaining: 2

No other changes.

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|--------------|----------------|--------------|----------|-------------------------|------------|
| 1 | 85151605 | | | | 0.000000 |
| Service From | | Service To | | Service Contract Amount | |
| 2024-07-15 | | 2026-07-14 | | 0.00 | |

Commodity Line Description: Registered Dietician Consulting Services

Extended Description:

See Attached Exhibit "A" Pricing Page To Input Pricing.

Registered Dietician and Consulting Services for the WVNF



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

June 30, 2025

Nancy Malika
JayKay Services Inc.
2054 Classique Lane
Tavares, FL 32778

RE: Renewal CMA 0613 9905 VNF25*01

Dear Ms. Malika,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 7/15/2025 to 7/14/2026. 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

06/30/2025
DATE

Nancy Malika
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.

JAYKAY, INC.

| Organization Information | | | | | | | | |
|--------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|
| Org Type | Effective Date | Established Date | Filing Date | Charter | Class | Sec Type | Termination Date | Termination Reason |
| C Corporation | 2/3/2012 | | 2/3/2012 | Foreign | Profit | | | |

| Organization Information | | | |
|---------------------------|---|---------------------------|---------------|
| Business Purpose | 5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs) | | |
| Capital Stock | | | |
| Charter County | Berkeley | Control Number | 99T3Y |
| Charter State | CA | Excess Acres | |
| At Will Term | Member Managed | | |
| At Will Term Years | Par Value | | |
| Authorized Shares | 0 | Young Entrepreneur | Not Specified |

Addresses

| Type | Address |
|----------------------------------|---|
| Local Office Address | 5400-D BIG TYLER ROAD CHARLESTON, WV, 25313 |
| Mailing Address | 2054 CLASSIQUE LANE TAVARES, FL, 32778 USA |
| Notice of Process Address | CORPORATE CREATIONS NETWORK INC. 126 EAST BURKE STREET MARTINSBURG, WV, 25401 |
| Principal Office Address | PO BOX 577 TAVARES, FL, 32778 USA |
| Type | Address |

Officers

| Type | Name/Address |
|------------------|--|
| Director | PURITY NDOLO PO BOX 577 TAVARES, FL, 32778 |
| President | PURITY NDOLO PO BXO 577 TAVARES, FL, 32778 |
| Type | Name/Address |

DBA

| DBA Name | Description | Effective Date | Termination Date |
|-----------------|-------------|----------------|------------------|
| JAYKAY STAFFING | TRADENAME | 2/8/2012 | |
| DBA Name | Description | Effective Date | Termination Date |

Annual Reports

| Filed For |
|-----------|
| 2025 |
| 2024 |
| 2023 |
| 2022 |

| |
|-------------------|
| 2021 |
| 2020 |
| 2019 |
| 2018 |
| 2017x |
| 2017 |
| 2016 |
| 2015 |
| 2014 |
| Date filed |

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

Tuesday, July 8, 2025 — 8:50 AM

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e.g. 1606N020Q02



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e.g. 123456789, Smith Corp

"JAYKAY, INC." Entity Location Status ☒ Active☐ InactiveReset 

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q

**No matches found**

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

| | | |
|--|---------------------|--|
| Purchasing Division Use: | | Agency: |
| Buyer: <u>JA</u> | Date: <u>7/8/25</u> | WVNF |
| Solicitation No. <u>CMA VNF25*01 - C01</u> | | Procurement Officer Submitting Requisition: Michael Clevenger |
| | | Requisition No. CMA VNF25*01 |
| | | PF No.: 1430492 |

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 (www.state.wv.us/admin/purchase/TCP.pdf) | <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 |
|-----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 10 | 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"/> |
| 11 | Office of Technology CIO pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | Treasurer's Office (banking) pre-approval | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> N/A |
| 4 | Justification for price increases/backdating/other | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> N/A |
| 5 | Bond Rider (Construction) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> N/A |
| 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: _____

James Altier II