



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: 07-23-2025

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 VNFFOODSER24B 3	Procurement Folder:	1239129
Document Name:	Food Service Cafeteria Workers	Reason for Modification:	
Document Description:	Food Service Cafeteria Workers	Change Order No. 02 To renew contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-08-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-08-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000009010 Wise Medical Staffing Inc 432 Magazine St  Tupelo MS 38804 US Vendor Contact Phone: 7407758066 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>2026</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

7/25/25 GC  
Purchasing Division's File Copy

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

JA 7/24/25  
PURCHASING DIVISION AUTHORIZATION  
DATE: 7/24/25  
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM  
DATE: 7/29/2025  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
DATE: 7-30-25  
ELECTRONIC SIGNATURE ON FILE

**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 8/15/2025 through 8/14/2026.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101600				0.000000
Service From		Service To	Service Contract Amount		
2023-08-15		2026-08-14	0.00		

**Commodity Line Description:** Food Service Cafeteria Workers

**Extended Description:**

See pricing pages for hourly rates for weekday, weekend, holiday and other important dates.



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

July 15, 2025

Rebecca Wagner  
Wise Medical Staffing Inc  
6 Health Drive  
Chillicothe, OH 45601

RE: Renewal CMA 0613 9905 VNFFOODSER24B

Dear Ms. Wagner,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 8/15/2025 to 8/14/2026. 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.

  
SIGNATURE

7-18-2025  
DATE

Terri Scott  
PRINT NAME

You are viewing this page over a secure connection. Click [here](#) for more information.

## 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.*

#### WISE MEDICAL STAFFING, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	12/19/2001		12/19/2001	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)	<b>Capital Stock</b>	1000.0000
<b>Charter County</b>		<b>Control Number</b>	44748
<b>Charter State</b>	WV	<b>Excess Acres</b>	
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	1.000000
<b>Authorized Shares</b>	1000	<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Local Office Address</b>	519 C STREET SOUTH CHARLESTON, WV, 25303
<b>Mailing Address</b>	6 HEALTH DR CHILLICOTHE, OH, 45601 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	6 HEALTH DRIVE CHILLICOTHE, OH, 45601 USA * See Attached
Type	Address

Officers	
Type	Name/Address
<b>Director</b>	PATRICIA PANNELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Director</b>	MORGAN SHEPPARD 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>President</b>	MILTON CLEGG 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Secretary</b>	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Treasurer</b>	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Vice-President</b>	PATRICIA PANNELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Type	Name/Address

Annual Reports	
<b>Filed For</b>	
2025	
2024	

2023
2022
2021
2020
2019
2018
2017x
2017
2016
2015
2014
2013
2012
2011
2010
2009
2008
2007
2006
2005
2004
2003
<b>Date filed</b>

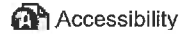
For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, July 24, 2025 — 8:23 AM

© 2025 State of West Virginia



Jump to: VCUST



Close

Vendor/Customer

Vendor/Customer

✓ Address

Address Information

Prenote/EFT

Remittance Advice

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	Pri
Payment	ATTN ACCOUNTS RECEIVABLE	CHILLICOTHE	OH	45601	
Payment	6 HEALTH DRIVE	CHILLICOTHE	OH	45601	Dar
Billing	432 Magazine St	Tupelo	MS	38804	Dar
✓ Payment	432 Magazine St	Tupelo	MS	38804	Dar
Ordering	432 Magazine St	Tupelo	MS	38804	Dar
Web Registrar	432 Magazine St	Tupelo	MS	38804	Dar

First Prev Next Last

Save Undo Delete Insert Copy Paste 

Vendor/Customer : VS0000009010

Wise Medical Staffing Inc

Address Type : Payment ▼

Division/Department :

Additional Address Info. :

Prevent New Spending : ☐

Default Currency : USD - US Dollar ▼

Active Fro

Active T

Default Recor

Mail Returne

Active Address

▼ Address Information

Address ID : AD012

Country Phone Code : 1

Street 1 : 432 Magazine St

Phone : 740-775-4108

Street 2 :

Phone Extension :

City : Tupelo

County :

State/Province : MS

County Name :

Zip/Postal Code : 38804

Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

► Prenote/EFT

► Remittance Advice

► Contact Information

► Contact Address Information

► Geographic Designation

► Change Management

[Top](#)[Modify Existing Record](#) [Add New Address](#)[Master Address](#)[Master Contacts](#)[Languages](#)[Vendor Transaction History](#)

[Home](#) [Search](#) [Data Bank](#) [Data Services](#) [Help](#)

Search

All Words

e.g. 1606N020Q02



Please Sign In: You must sign in to your SAM.gov account to search Entities, Responsibility/Qualification and the Disaster Response Registry.

[Sign In](#)




Filter By

**Keyword Search**

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

"WISE MEDICAL STAFFING, INC." Entity Location Status 

- ☒ Active
- ☐ Inactive

Reset Entity Information 

All Entity Information

Entities

Disaster Response Registry

Responsibility / Qualification



# No matches found



# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>JA</u> Date: <u>7/24/25</u>  Solicitation No. <u>CMA VNFOODSER24B C02</u>	Agency: WVNF <hr/> Procurement Officer Submitting Requisition: Michael Clevenger <hr/> Requisition No. CMA VNFFOODSER24B <hr/> PF No.: 1239129
--	---

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]*