



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 VNFFOODSER24E 3	Procurement Folder:	1239129
Document Name:	Food Service Cafeteria Workers	Reason for Modification:	Change Order No. 02 To renew contract
Document Description:	Food Service Cafeteria Workers		
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:	000000109245	Requestor Name:	Michael A Clevenger																		
JAYKAY INC		Requestor Phone:	304-626-1600																		
PO BOX 577		Requestor Email:	michaelclevenger06@gmail.com																		
TAVARES	FL 32778	<h1>2026</h1> <p>FILE LOCATION _____</p>																			
US																					
Vendor Contact Phone:	352-504-4058 Extension:																				
Discount Details:																					
	<table border="1"> <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		
	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	VETERAN'S NURSING FACILITY
1 FREEDOMS WAY	1 FREEDOMS WAY
CLARKSBURG WV 26301	CLARKSBURG WV 26301
US	US

7/25/25 GC

Total Order Amount: Open End

Purchasing Division's File Copy

JA 7/24/25

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

ATTORNEY GENERAL APPROVAL AS TO FORM
[Signature]
DATE:
ELECTRONIC SIGNATURE ON FILE

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

7/29/2025

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

Nancy Malika
JayKay Medical Staffing
2054 Classique Lane
Tavares, FL 32778

RE: Renewal CMA 0613 9905 VNFFOODSER24E

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 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.

X
SIGNATURE

07/18/2025
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
<i>* see Attached</i>	
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.

Thursday, July 24, 2025 — 9:43 AM

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Close

Vendor/Customer

Vendor/Customer

Address

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal C
Ordering	2058 CLASSIQUE LANE	TAVARES	FL	32778	
Payment	C/O GOODMAN FACTORS	DALLAS	TX	75229 9647	Ezra Ndolo
Payment	2054 CLASSIQUE LANE	TAVARSE	FL	32778	EZRA NDC
Ordering	2054 CLASSIQUE LANE	TAVARSE	FL	32778	EZRA NDC
Payment	PO BOX 536853	ATLANTA	GA	30353-6853	
Ordering	PO BOX 536853	ATLANTA	GA	30353-6853	
Payment	PO BOX 577	TAVARES	FL	32778	Ezra Ndolo
Ordering	PO BOX 577	TAVARES	FL	32778	Ezra Ndolo

First Prev Next Last

Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#)

Vendor/Customer : 000000109245
JAYKAY INC

Address Type : Payment

Division/Department :

Additional Address Info. :

Prevent New Spending :

Default Currency : USD - US Dollar

Active F
Activ
Default Re
Mail Retu
Active Add

Address Information

Address ID : CV20001 Country Phone Code : 1

Street 1 : PO BOX 577 Phone : 800-442-5441

Street 2 : Phone Extension :

City : TAVARES County :

State/Province : FL County Name :

Zip/Postal Code : 32778 Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

▶ Prenote/EFT

▶ Remittance Advice

▶ Contact Information

▶ Contact Address Information

▶ Geographic Designation

▶ Change Management

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[Master Address](#) [Master Contacts](#) [Languages](#)



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 ⁱ
- All Words ⁱ
- Exact Phrase ⁱ

e.g. 123456789, Smith Corp

"JAYKAY, INC." x

Entity

Location

Status

- Active
- Inactive

Reset

Entity Information



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q



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>CO No. 2</u>	Agency: WV/NF Procurement Officer Submitting Requisition: Michael Clevenger Requisition No. CMA VNFFOODSER24E PF No.: 1239129
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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 (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"/> NA
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NA
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NA
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: _____

