



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: 07-31-2025

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 0702 7804 TAX2400000001 3	Procurement Folder:	1248038
Document Name:	Open End Contract for Employee Assistance Program	Reason for Modification:	CO #2 To renew for 1 year according to the original contracts terms and conditions. New service dates are 8/15/2025 - 8/14/2026.
Document Description:	Open End Contract for Employee Assistance Program		
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: 000000197451 INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DR  FAIRFAX VA 22031 US Vendor Contact Phone: 703-776-3505 Extension:	Requestor Name: George C Mitchell Requestor Phone: (304) 558-2554 Requestor Email: george.c.mitchell@wv.gov																				
Discount Details:	<b>2026</b> FILE LOCATION _____																				
<table><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr><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></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
OPERATIONS DIVISION TAX DIVISION OF PO BOX 11748  CHARLESTON WV 25339-1748  US	OPERATIONS DIVISION TAX DIVISION OF REVENUE CENTER 1001 LEE ST E, STE 1 CHARLESTON WV 25301-1725  US

CR 8-4-25

Total Order Amount:

Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE:

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE:

ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No. 2 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 8/15/25 through 8/14/26.

Renewal Years Remaining: 1 year.

No other changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84131609			EA	2.830000
Service From		Service To		Service Contract Amount	
				0.00	

**Commodity Line Description:** Open End Contract for Employee Assistance Program

**Extended Description:**

Open End Contract for Employee Assistance Program



Eric Nelson  
Secretary of Revenue

## WEST VIRGINIA TAX DIVISION

Matthew Irby  
Tax Commissioner

To: INOVA

Attn. Amanada Grabliauskas  
8095 Innovation Park Drive  
Fairfax, VA 22301

From: Anthony Cooper  
Procurement Manager  
Date: July 30, 2025

Subject: Contract Renewal

The WV State Tax Division would like to renew our Employee Assistance Program contract with you for another year. If agreed and approved, the dates of service will be August 15, 2025 through August 14, 2026.

Please sign below in acceptance of the renewal of this contract for one year under the same terms and conditions as the original contract.

Upon acceptance, please return all documents to me via email at [Anthony.w.cooper@wv.gov](mailto:Anthony.w.cooper@wv.gov) or via U.S. mail at: WV State Tax Division Attn. Operations, PO box 11748, Charleston, WV 25301-1748. If you have any questions feel free to contact me at 304-558-0761

Sincerely,

Anthony Cooper  
Procurement manager  
WV State Tax Division

Accepted by:

Company name: Inova Employee Assistance

Signature: Brian Petz

Title: Senior Director, EAP

Date: 7/30/2025

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>7/30/25</u>  Solicitation No. <u>CMA TAX24*01</u>	Agency: Tax Procurement Officer Submitting Requisition: Anthony Cooper Requisition No. CMA TAX24*01 PF No.: 1248038
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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 ( <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 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
<b>10</b>	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"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<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: David Paudine

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Business Organization Detail

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INOVA HEALTH CARE SERVICES

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	4/10/2017		4/10/2017	Foreign	Non-Profit			

Organization Information		
Business Purpose	6214 - Health Care and Social Assistance - Ambulatory Health Care Services - Outpatient Care Centers (family planning, mental health, substance abuse, HMO, kidney dialysis, freestanding ambulatory surgical & emergency centers)	Capital Stock
Charter County		Control Number 0
Charter State	VA	Excess Acres
At Will Term		Member Managed
At Will Term Years		Par Value
Authorized Shares		Young Entrepreneur Not Specified

Addresses	
Type	Address
Local Office Address	3949 PENDER DRIVE SUITE 310 F FAIRFAX, VA, 22030
Mailing Address	8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031 USA
Type	Address

Officers	
Type	Name/Address
Director	CHARLES BEARD 8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031
Director	MD, JANIS CARUSO 8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031
President	MD, J. STEPHEN JONES 8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031

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<b>Secretary</b>	JOHN GAUL 8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031
<b>Treasurer</b>	RICK TALENTO 8095 INNOVATION PARK DRIVE FAIRFAX, VA, 22031
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>
INOVA HEALTH CARE SERVICES INC.	FORCED DBA	4/10/2017	
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2025	
2024	
2023	
2022	
2021	
2020	
2019	
2018	
<b>Date filed</b>	


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

Thursday, July 31, 2025 — 10:39 AM

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