



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: 08-01-2025

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 0932 4828 DRS2300000001 4	Procurement Folder:	1071036
Document Name:	State Use Program Management Services by a CNA	Reason for Modification:	CHANGE ORDER 3- RENEWAL 3
Document Description:	State Use Program Management Services by a CNA		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-09-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-08-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000204796 WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC 400 PATTERSON LN CHARLESTON WV 25311 US Vendor Contact Phone: 6816610143 Extension:	Requestor Name: Sheri D Slone Requestor Phone: 304-356-2103 Requestor Email: sheri.d.slone@wv.gov																				
Discount Details:	2026 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
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD NITRO WV 25143 US	PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD NITRO WV 25143 US

CR 8-5-25

Total Order Amount:

Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: *Tina B 8/4/25*
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: *8/13/2025*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *8-13-25*
ELECTRONIC SIGNATURE ON FILE

Extended Description:
Change Order

Change Order No.3 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: September 1, 2025 through August 31, 2026.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80101600				0.000000
Service From		Service To		Service Contract Amount	
				0.01	

Commodity Line Description: STATE USE PROGRAM MANAGEMENT SERVICES

Extended Description:
Percentage of Markup = 4.1%



WEST VIRGINIA DIVISION OF
REHABILITATION SERVICES

Administrative Offices
State Capitol P.O. Box 50890 Charleston,
West Virginia 25305-0890 P: 304.356.2060
| F: 304.558.1421
Toll-free: 1.800.642.8207
wvdrs.org
Gentry Cline,
Acting Director

7/31/2025

Nita Hobbs
West Virginia Association of Rehabilitation
Facilities, Inc 710 Central Ave
Charleston, WV 25302

RE: CMA DRS2300000001

Dear *Ms. Hobbs*,

The Division of Rehabilitation Services requests an agreement to renew contract CMA DRS2300000001 through *August 31, 2026*. Please sign below that you agree to this renewal under the same terms, conditions, and specifications contained in the original contract. The effective date of the renewal will be *September 1, 2025*, through *August 31, 2026*.

AGREED:

Signed by:

Nita Hobbs

CEO

7/31/2025

Signature

Title

Date

Please scan and return the signed letter to my email Sheri.D.Slone@wv.gov or by mail at the WV Division of Rehabilitation Services, 10 McJunkin Rd, Nitro, WV 25143.

Thank you for your prompt attention to this request. Feel free to call me at 304-356-2103 extension 62103 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Sheri Slone".

Sheri Slone
Procurement Manager

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>10 - Brandon Barr</u> Date: <u>8/4/2025</u> Solicitation No. <u>CMA DRS23*01</u>	Agency: West Virginia Division of Rehabilitation Services Procurement Officer Submitting Requisition: Sheri Slone Requisition No. CMA DRS23*1 PF No.: 1071036
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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 (www.state.wv.us/admin/purchase/TCP.pdf)	<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
10	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"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

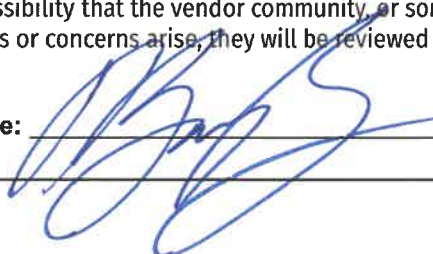
1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____

 8/4/2025

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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.

THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	5/8/1973		5/8/1973	Domestic	Non-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 0.0000
Charter County	Kanawha	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term	Member Managed		
At Will Term Years	Par Value		0.000000
Authorized Shares 0	Young Entrepreneur	Not Specified	

Addresses	
Type	Address
Local Office Address	400 PATTERSON LANE CHARLESTON, WV, 25311
Mailing Address	PO BOX 6764 CHARLESTON, WV, 25362 USA
Notice of Process Address	NITA HOBBS 400 PATTERSON LANE CHARLESTON, WV, 25311
Principal Office Address	400 PATTERSON LANE CHARLESTON, WV, 25311 USA
Type	Address

Officers	
Type	Name/Address
Director	NITA HOBBS 563 BURROUGHS STREET MORGANTOWN, WV, 26505
Incorporator	GEORGE W. KESSINGER 1016 WILKIE DR CHARLESTON, WV, 25301 USA
Incorporator	TIMOTHY J. ATKINSON 180 B. ST KEYSER, WV, 26726 USA
President	JOHN EMPSON 22 CAPITOL STREET CHARLESTON, WV, 25301
Type	Name/Address

X Close

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e.g. 123456789, Smith Corp

"THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC." 

Entity

Location

Status

- ☒ Active
- ☐ Inactive

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Entity Information ^



All Entity Information

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