



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
**Contract**

Order Date: 02-04-2026

CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.

<b>Order Number:</b>	CCT 0907 0907 RNB240000001 8	<b>Procurement Folder:</b>	1329424
<b>Document Name:</b>	WV Restore - Referral, Treatment & Monitoring Management	<b>Reason for Modification:</b>	
<b>Document Description:</b>	WV Restore - Referral, Treatment & Monitoring Management	Change Order 02: To Renew Contract	
<b>Procurement Type:</b>	Central Contract - Fixed Armt		
<b>Buyer Name:</b>	Larry D McDonnell		
<b>Telephone:</b>	304-558-2063		
<b>Email:</b>	larry.d.mcdonnell@wv.gov		
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2024-02-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2027-01-31

VENDOR		DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	VS0000020487	<b>Requestor Name:</b>	Margaret E Alston
PARKDALE AFTERCARE LLC 117 NORTH BARKER COURT		<b>Requestor Phone:</b>	(304) 558-3596
VALPARAISO IN 46385 US		<b>Requestor Email:</b>	margaret.e.alston@wv.gov
<b>Vendor Contact Phone:</b>	2197432477	<div style="font-size: 48px; font-weight: bold; opacity: 0.5;">2026</div> <div style="font-weight: bold;">FILE LOCATION</div>	
<b>Extension:</b>			
<b>Discount Details:</b>			

INVOICE TO	SHIP TO
WV BOARD OF REGISTERED NURSES REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US	WV BOARD OF REGISTERED NURSES REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US

*CR 2-5-26*

<b>Total Order Amount:</b>	\$594,000.00
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Purchasing Division's File Copy

*YMM 2/05/26*

<b>PURCHASING DIVISION AUTHORIZATION</b> DATE: <i>2/05/2026</i> ELECTRONIC SIGNATURE ON FILE	<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> <i>[Signature]</i> DATE: <i>2/9/2026</i> ELECTRONIC SIGNATURE ON FILE	<b>ENCUMBRANCE CERTIFICATION</b> <i>[Signature]</i> DATE: <i>2-9-26</i> ELECTRONIC SIGNATURE ON FILE
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*2/9/2026*

**Extended Description:**

Change Order

Change Order 02: To renew contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 02/1/2026 through 1/31/2027.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	85121700	12.00000	MO	16500.000000	\$198,000.00
Service From	Service To	Manufacturer	Model No		
2024-02-01	2025-01-31				

**Commodity Line Description:** WV Restore Monitoring - Initial Year

**Extended Description:**

Initial Year

02/0/2024 to 01/31/2025

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	85121700	12.00000	MO	16500.000000	\$198,000.00
Service From	Service To	Manufacturer	Model No		
2025-02-01	2026-01-31				

**Commodity Line Description:** WV Restore Monitoring - Option Year #1

**Extended Description:**

Change Order

Change Order No. 1 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 02/1/2025 through 1/31/2026

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	85121700	12.00000	MO	16500.000000	\$198,000.00
Service From	Service To	Manufacturer	Model No		
2026-02-01	2027-01-31				

**Commodity Line Description:** WV Restore Monitoring - Option Year #2

**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 02/1/2026 through 1/31/2027

Renewal Years Remaining: 1

No other changes.

Dr. Sue Painter, DNP, RN  
Executive Director

email: mboard@wv.gov  
web address: wvrnboard.wv.gov



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

**WEST VIRGINIA  
BOARD OF REGISTERED NURSES**  
5001 MacCorkle Avenue, SW  
South Charleston, WV 25309

January 20, 2026

Rodrigo Garcia  
Parkdale Aftercare, LLC  
117 North Barker Court  
Valparaiso, IN 46385

Subject: RENEWAL OF CCT RNB240000001 – WV Restore Referral, Treatment & Monitoring Management.

Dear Mr. Garcia:

The WV Board of Registered Nurses is informing Parkdal Aftercare, LLC that we would like to continue receiving the valuable services offered under the above-referenced contract.

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 is 2/01/2026 through 1/31/2027.

Renewal Years Remaining: One (1)

No other changes.

Signed:

Handwritten signature of Margaret Alston in black ink, written over a horizontal line.

Margaret Alston  
Director of Finance and Operations  
WV Board of Registered Nurses

Handwritten signature of Rodrigo Garcia in black ink, written over a horizontal line.

Rodrigo Garcia  
CEO  
Parkdale Aftercare, LLC

Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
Ordering	350 INDIAN BOUNDARY ROAD	CHESTERTON	IN	46304	RODRIGO GARCIA
Billing	117 NORTH BARKER COURT	VALPARAISO	IN	46385	Rodrigo Garcia
Payment	117 NORTH BARKER COURT	VALPARAISO	IN	46385	SCOTT GEANS
Ordering	117 NORTH BARKER COURT	VALPARAISO	IN	46385	Rodrigo Garcia
Web Registrar	117 NORTH BARKER COURT	VALPARAISO	IN	46385	Rodrigo Garcia



First Prev Next Last

Save Undo Delete Insert Copy Paste

Vendor/Customer : VSD000020487  
 PARKDALE AFTERCARE LLC  
 Address Type : Ordering  
 Division/Department :  
 Additional Address Info :  
 Prevent New Spending :  
 Default Currency : USD - US Dollar

Active From : 02/05/2026  
 Active To :  
 Default Record :  
 Mail Returned :  
 Active Address : Yes

Address Information

Address ID : A0000001  
 Street 1 : 350 INDIAN BOUNDARY RO  
 Street 2 :  
 City : CHESTERTON  
 State/Province : IN  
 Zip/Postal Code : 46304  
 DUNS :  
 Extended DUNS :  
 Unique Entity Identifier :  
 CAGE Code :

Country Phone Code : 1  
 Phone : 219-743-2477  
 Phone Extension :  
 County :  
 County Name :  
 Country : US

Prenote/EFT

Remittance Advice

Contact Information

Contact Address Information

Geographic Designation

Change Management

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Modify Existing Record Add New Address

Master Address

Master Contacts

Languages

Vendor Transaction History

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**Business Organization Detail**

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**PARKDALE AFTERCARE LLC**

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	12/3/2019		12/3/2019	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	6222 - Health Care and Social Assistance - Hospitals - Psychiatric and Substance Abuse Hospitals	<b>Capital Stock</b>	
<b>Charter County</b>	Kanawha	<b>Control Number</b>	0
<b>Charter State</b>	IN	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Designated Office Address</b>	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304 <i>*See prev page</i>
<b>Notice of Process Address</b>	STEFFEY WAHL, LLC 320 N. MERIDIAN STREET SUITE 825 INDIANAPOLIS, IN, 46204
<b>Principal Office Address</b>	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304 USA
<b>Principal Office Mailing Address</b>	350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304 USA
Type	Address

**Officers**

Type	Name/Address
<b>Member</b>	PARKDALE MANAGEMENT, LLC 350 INDIAN BOUNDARY ROAD CHESTERTON, IN, 46304
Type	Name/Address

**DBA**

DBA Name	Description	Effective Date	Termination Date
WEST VIRGINIA PROFESSIONALS RECOVERY PROGRAM	TRADENAME	12/3/2019	
WVPRP	TRADENAME	12/3/2019	
DBA Name	Description	Effective Date	Termination Date

**Annual Reports**

Filed For
2025
2024
2023
2022
2021
2020
Date filed

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

Tuesday, February 3, 2026 — 12:06 PM

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All Words *i*

Exact Phrase *i*

e.g. 123456789, Smith Corp

"PARKDALE AFTERCARE LLC" x

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

- Ineligible (Proceedings Pending)
- Ineligible (Proceedings Complete)
- Prohibition/Restriction
- Voluntary Exclusion

Exclusion Program

Location

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Larry D. McDonnell</u> Date: <u>2/05/26</u>	Agency: <u>West Virginia Board of Registered Nurses</u>
Solicitation No. <u>CCT RNB 24*01 c/o 2</u>	Procurement Officer Submitting Requisition: <u>Margaret Austin</u>
	Requisition No. <u>CCT RNB 24*1</u>
	PF No.: <u>1329424</u>

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
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 checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: \_\_\_\_\_

