



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: 02-03-2026

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>         | CMA 0907 0907 RNB2400000001 3                    | <b>Procurement Folder:</b>            | 1329614    |
| <b>Document Name:</b>        | WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT | <b>Reason for Modification:</b>       |            |
| <b>Document Description:</b> | WV RESTORE -FACILITATED SUPPORT GROUP MANAGEMENT | Change Order #2:<br>To Renew Contract |            |
| <b>Procurement Type:</b>     | Central Master Agreement                         |                                       |            |
| <b>Buyer Name:</b>           |  |                                       |            |
| <b>Telephone:</b>            |  |                                       |            |
| <b>Email:</b>                |  |                                       |            |
| <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>                      | VS0000019670 | <b>Requestor Name:</b>  | Margaret E Alston        |
| BIRCHWOOD SOLUTIONS LLC<br>99 E MAIN ST., STE 200 |              | <b>Requestor Phone:</b>   | (304) 558-3596           |
| FRANKLIN TN 37064<br>US                           |              | <b>Requestor Email:</b>   | margaret.e.alston@wv.gov |
| <b>Vendor Contact Phone:</b>                      | 813-334-5070 | <div style="font-size: 48px; font-weight: bold; margin: 0;">2026</div> <div style="font-weight: bold; margin: 0;">FILE LOCATION _____</div> |                          |
| <b>Extension:</b>                                 |              |   |                          |
| <b>Discount Details:</b>                          |              |   |                          |
|   |              |   |                          |
|   |              |   |                          |
|   |              |   |                          |
|   |              |   |                          |
|   |              |   |                          |

| INVOICE TO  | SHIP TO   |
|---|---|
| WV BOARD OF REGISTERED NURSES<br>REGISTERED PROFESSIONAL NURSES<br>5001 MACCORKLE AVE SW<br>SOUTH CHARLESTON WV 25309<br>US | WV BOARD OF REGISTERED NURSES<br>REGISTERED PROFESSIONAL NURSES<br>5001 MACCORKLE AVE SW<br>SOUTH CHARLESTON WV 25309<br>US |

*CR 2-5-26*

|                            |          |
|----------------------------|----------|
| <b>Total Order Amount:</b> | Open End |
|----------------------------|----------|

Purchasing Division's File Copy

*YH 2/04/26*

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Munk/Att - 2/05/2026*  
 ELECTRONIC SIGNATURE ON FILE

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

**ENCUMBRANCE CERTIFICATION**  
*Cody Reed*  
 DATE: *2-10-26*  
 ELECTRONIC SIGNATURE ON FILE

*2/9/2026*

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

Renewal Years Remaining: 1

No other changes.

| Line | Commodity Code      | Manufacturer      | Model No | Unit                           | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 1    | 85121700            |                   |          | EA                             | 65.000000  |
|      | <b>Service From</b> | <b>Service To</b> |          | <b>Service Contract Amount</b> |            |
|      |                     |                   |          | 0.00                           |            |

**Commodity Line Description:** Facilitated Support Group Management - Initial Year

**Extended Description:**

For further details see attached pricing page.

| Line | Commodity Code      | Manufacturer      | Model No | Unit                           | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 2    | 85121700            |                   |          | EA                             | 65.000000  |
|      | <b>Service From</b> | <b>Service To</b> |          | <b>Service Contract Amount</b> |            |
|      |                     |                   |          | 0.00                           |            |

**Commodity Line Description:** Facilitated Support Group Management - Option Year #1

**Extended Description:**

For further details see attached pricing page.

| Line | Commodity Code      | Manufacturer      | Model No | Unit                           | Unit Price |
|------|---------------------|-------------------|----------|--------------------------------|------------|
| 3    | 85121700            |                   |          | EA                             | 67.000000  |
|      | <b>Service From</b> | <b>Service To</b> |          | <b>Service Contract Amount</b> |            |
|      |                     |                   |          | 0.00                           |            |

**Commodity Line Description:** Facilitated Support Group Management - Option Year #2

**Extended Description:**

For further details see attached pricing page.

Dr. Sue Painter, DNP, RN  
Executive Director

email: [rnboard@wv.gov](mailto:rnboard@wv.gov)  
web address: [wvnrboard.wv.gov](http://wvnrboard.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

Elizabeth Temple  
Birchwood Solutions, LLC  
342 B Main Street, STE 204  
Franklin, TN 37064

Subject: RENEWAL OF CMA RNB240000001 – WV Restore Facilitated Support Group Management.

Dear Ms. Temple:

The WV Board of Registered Nurses is informing Birchwood Solutions, 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.

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

Handwritten signature of Elizabeth Temple in black ink.

Elizabeth Temple  
CEO  
Birchwood Solutions, LLC

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

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### BIRCHWOOD SOLUTIONS, LLC

| Organization Information        |                |                  |             |         |        |          |                  |                    |  |
|---------------------------------|----------------|------------------|-------------|---------|--------|----------|------------------|--------------------|--|
| Org Type                        | Effective Date | Established Date | Filing Date | Charter | Class  | Sec Type | Termination Date | Termination Reason |  |
| LLC   Limited Liability Company | 12/19/2019     |                  | 12/19/2019  | Foreign | Profit |          |                  |                    |  |

| Organization Information  |   |                       |                       |
|---------------------------|---|-----------------------|-----------------------|
| <b>Business Purpose</b>   | 6117 - Educational Services - Educational Services - Educational Support Services |                       | <b>Capital Stock</b>  |
| <b>Charter County</b>     |   |                       | <b>Control Number</b> |
| <b>Charter State</b>      | TN  | <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>   |                       | No                    |

| Addresses                        |  |
|----------------------------------|--|
| Type                             | Address  |
| <b>Designated Office Address</b> | 99 E MAIN STREET<br>STE 200<br>FRANKLIN, TN, 37064 ✓                 |
| <b>Notice of Process Address</b> | BRIAN BOYD<br>214 OVERLOOK CIRCLE<br>STE 275<br>BRENTWOOD, TN, 37027 |
| <b>Principal Office Address</b>  | 99 E MAIN ST<br>STE 200, BOX 15<br>FRANKLIN, TN, 37064<br>USA        |

|   |   |
|---|---|
| <b>Principal Office Mailing Address</b> | PO BOX 361<br>ARRINGTON, TN, 37014<br>USA |
| <b>Type</b>                             | <b>Address</b>                            |

|                 |   |
|-----------------|---|
| <b>Officers</b> |   |
| <b>Type</b>     | <b>Name/Address</b>   |
| <b>Member</b>   | ELIZABETH TEMPLE<br>1363 CAROLINE CIRCLE<br>FRANKLIN, TN, 37064 |
| <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> |
| BIRCHWOOD SOLUTIONS | TRADENAME          | 12/19/2019            |                         |
| <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                  |  |
| <b>Date filed</b>     |  |

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

Monday, February 2, 2026 — 10:05 AM

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e.g. 123456789, Smith Corp

"BIRCHWOOD SOLUTIONS, 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><br>Buyer: <u>Larry A. McDonnell</u> Date: <u>2/03/26</u> | Agency: <u>West Virginia Board of Registered Nurses</u>              |
| Solicitation No. <u>CMA RNB 24x01 c/02</u>   | Procurement Officer Submitting Requisition:<br><u>Margaret Awton</u> |
|  | Requisition No.<br><u>CMA RNB24 #1</u>                               |
|  | PF No.: <u>1329614</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<br>[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<br><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: \_\_\_\_\_

