



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: 08-11-2026

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 VNF2400000003 4	Procurement Folder:	1281126
Document Name:	Skilled Rehabilitation Therapy Services	Reason for Modification:	
Document Description:	VNF Therapy Services	Change Order No. 03 To renew the contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-09-30

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000014291 BENCHMARK THERAPIES INC 11559 WILLIAM PENN HIGHWAY STE 2 HUNTINGDON PA 16652 US Vendor Contact Phone: 814-599-9754 Extension: Discount Details: <table><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			Requestor Name: Michael A Clevenger Requestor Phone: 304-626-1600 Requestor Email: michaelclevenger06@gmail.com 2027 FILE LOCATION _____
	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 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

CR 8-19-26

Total Order Amount: Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: 8/19/26
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: 8/21/26
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: 8-21-26
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 03 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 10/01/2026 through 9/30/2027.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85122102				0.000000
Service From		Service To		Service Contract Amount	
2023-10-01		2027-09-30		0.00	

Commodity Line Description: Occupational Therapist Services

Extended Description:

See The Pricing Page Exhibit "A"



*West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg WV 26301*

August 10, 2026

Jennifer Mulraney
Benchmark Therapies Inc.
403 6th St.
Huntingdon, PA 16652

RE: Renewal CMA 0613 9905 VNF24*03

Dear Ms. Mulraney,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 10/1/2026 to 9/30/2027. 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

8/10/2026
DATE

Jennifer Mulraney
PRINT NAME



[Home](#) [Search](#) [Data Bank](#) [Data Services](#) [Help](#)

Search

All Words

e.g. 1606N020Q02

Filter By

Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

- ☐ Any Words 
- ☒ All Words 
- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"benchmark therapies inc" 

Entity 

Location 

Status 

- ☒ Active
- ☒ Inactive

Reset 

Entity Information 



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q



No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

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.

BENCHMARK THERAPIES INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/21/2018		3/21/2018	Foreign	Profit			

Organization Information			
Business Purpose	6213 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Other Health Practitioners (chiropractors, optometrist, mental health practitioners, physical, occupational, speech, audiology, podiatrist)		Capital Stock
Charter County	Harrison	Control Number	9ALLM
Charter State	PA	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	
Authorized Shares	Young Entrepreneur		Not Specified

Addresses	
Type	Address
Designated Office Address	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652
Notice of Process Address	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311
Principal Office Address	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652 USA
Principal Office Mailing Address	P.O. BOX 870 HUNTINGDON, PA, 16652 USA
Type	Address

Officers	
Type	Name/Address
Director	DAN KRIEGER ONE TRINITY DRIVE EAST SUITE 201 DILLSBURG, PA, 17019
Director	KATE HERSHEY ONE TRINITY DR EAST SUITE 201 DILLSBURG, PA, 17019
President	EDWARD LUBERSKI ONE TRINITY DRIVE E. SUITE 201 DILLSBURG, PA, 17019
Secretary	BEVERLY WICKLINE ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Treasurer	DYAN MCALISTER ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Type	Name/Address

Annual Reports	
Filed For	
2026	
2025	
2024	

2023
2022
2021
2020
2019
Date filed

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

Tuesday, August 18, 2026 — 2:22 PM

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Non-Conflict of Interest Certification (WV-31) Page 2, Acknowledgements

West Virginia Code § 5A-3-31: "It shall be unlawful for any person to corruptly act alone or combine, collude or conspire with one or more other persons with respect to the purchasing or supplying of services, commodities or printing to the state under the provisions of this article if the purpose or effect of such action, combination, collusion or conspiracy is either to: (1) Lessen competition among prospective vendors; or (2) cause the state to pay a higher price for such services, commodities or printing than would be or would have been paid in the absence of such action, combination, collusion or conspiracy; or (3) cause one prospective vendor or vendors to be preferred over one or more other prospective vendor or vendors. Any person who violates any provision of this section is guilty of a felony and, upon conviction thereof, shall be imprisoned in a state correctional facility not less than one nor more than five years, and be fined not exceeding \$10,000."

West Virginia Code § 6B-2-5(b)(1): "A public official or public employee may not knowingly and intentionally use his or her office or the prestige of his or her office for his or her own private gain or that of another person."

West Virginia Code § 6B-2-5(d)(1): "[N]o elected or appointed public official or public employee or member of his or her immediate family or business with which he or she is associated may be a party to or have an interest in the profits or benefits of a contract which the official or employee may have direct authority to enter into, or over which he or she may have control"

The individual(s) listed below have been charged to evaluate or serve as members or advisors of an evaluation committee for the solicitation as specified [Benchmark Therapies CMA VNF24*03].

By signing this form, each individual acknowledges that: (1) his or her service on the evaluation committee is not in violation of West Virginia Code § 5A-3-31, § 6B-2-5, or any other relevant code section; (2) his or her service on the evaluation committee does not create a conflict of interest with any of the participating vendors; and (3) he or she has not had or will not have contact relating to the solicitation identified above with any participating vendors between the time of the bid opening and the award recommendation without prior approval of the Purchasing Division.

NAME/TITLE	AGENCY	SIGNATURE	DATE
Michael Clevenger Procurement Supervisor	WVNF		8/1/2026
Vicki Nutter Acct Tech II	WVNF		8/1/2026

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>#13</u> Date: <u>8/18/2026</u> Solicitation No. <u>CRFQ-VNF24*03</u>	Agency: WVNF Procurement Officer Submitting Requisition: Michael Clevenger Requisition No. CMA VNF24*03 PF No.: 1281126
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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: Provided, if Required Required

				Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	☒	☐	☐	☐
2	Use of correct specification template	☒	☐	☐	☐
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	☒	☐	☐	☐
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	☒	☐	☐	☐
5	Maximum budgeted amount in wvOASIS	☒	☐	☐	☐
6	Suggested vendors in wvOASIS	☒	☐	☐	☐
7	Capitol Building Commission pre-approval	☐	☐	☐	☐
8	Financing (Governor's Office) pre-approval	☐	☐	☐	☐
9	Fleet Management Division pre-approval	☐	☐	☐	☐

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	☐	☐	☐	☐
	Automobile Liability	☐	☐	☐	☐
	Workers' Compensation/Employer's Liability	☐	☐	☐	☐
	Cyber Liability	☐	☐	☐	☐
	Builder's Risk/Installation Floater	☐	☐	☐	☐
	Professional Liability	☐	☐	☐	☐
	Other (specify)	☐	☐	☐	☐
11	Office of Technology CIO pre-approval	☐	☐	☐	☐
12	Treasurer's Office (banking) pre-approval	☐	☐	☐	☐

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	☒	☒	☐	☐
2	Standard change order language	☒	☒	☐	☐
3	Office of Technology CIO approval	☐	☐	☒	☐
4	Justification for price increases/backdating/other	☐	☐	☒	☐
5	Bond Rider (Construction)	☐	☐	☒	☐
6	Secretary of State Verification	☒	☒	☐	☐
7	State debarment verification	☒	☒	☐	☐
8	Federal debarment verification	☒	☒	☐	☐

**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: _____