



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

State of West Virginia Contract

Order Date: 08-14-2026

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:	CCT 0913 0913 PHB2500000001 6	Procurement Folder:	1457349
Document Name:	WV Bd.of Pharmacy-Peer to Peer Intervention & Referral Svcs	Reason for Modification:	Change Order No. 2 - to renew contract
Document Description:	PEER ASSIST. PROGRAM- Substance abuse/mental health issues		
Procurement Type:	Central Sole Source		
Buyer Name:	Larry D McDonnell		
Telephone:	304-558-2063		
Email:	larry.d.mcdonnell@wv.gov		
Shipping Method:	Best Way	Effective Start Date:	2024-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-09-30

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000109551 THE WEST VIRGINIA PHARMACIST RECOVERY NETWORK CORP PO BOX 4944 CHARLESTON WV 25364 US Vendor Contact Phone: 304-380-2810 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>Not Entered</td><td></td><td></td></tr><tr><td>#3</td><td>Not Entered</td><td></td><td></td></tr><tr><td>#4</td><td>Not Entered</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	Not Entered			#3	Not Entered			#4	Not Entered			Requestor Name: John P Smolder Requestor Phone: (304) 558-0558 Requestor Email: john.p.smolder@wv.gov 2027 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	Not Entered																				
#3	Not Entered																				
#4	Not Entered																				

INVOICE TO	SHIP TO
BOARD OF PHARMACY 1207 QUARRIER ST SUITE 400 CHARLESTON WV 25301 US	BOARD OF PHARMACY 1207 QUARRIER ST SUITE 400 CHARLESTON WV 25301 US

CR 8-19-26

Total Order Amount: \$252,000.00

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION DATE: <i>Murphy 8/19/2026</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>John S. Gray</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION DATE: <i>8-24-26</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order No. 2 - is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract and all authorized change orders thereto.

Renewal Period: October 1, 2026 to September 30, 2027

Renewals remaining: 1 years

All provisions of the original contract and subsequent change order not modified herein shall remain in full force and effect.

No other changes.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93131705	12.00000	MO	6900.000000	\$82,800.00
Service From	Service To	Manufacturer	Model No		

Commodity Line Description: PEER TO PEER INTERVENTION AND REFERRAL SERVICE

Extended Description:

PEER ASSISTANT PROGRAM TO IDENTIFY, ASSIST & MONITOR PHARMACISTS, INTERNS & TECHNICIANS W/DEPENDENCY

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93131705	12.00000	MO	7000.000000	\$84,000.00
Service From	Service To	Manufacturer	Model No		
2025-10-01	2026-09-30				

Commodity Line Description: PEER TO PEER INTERVENTION AND REFERRAL SERVICE

Extended Description:

PEER ASSISTANT PROGRAM TO IDENTIFY, ASSIST & MONITOR PHARMACISTS, INTERNS & TECHNICIANS W/DEPENDENCY

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93131705	12.00000	MO	7100.000000	\$85,200.00
Service From	Service To	Manufacturer	Model No		
2026-10-01	2027-09-30				

Commodity Line Description: PEER TO PEER INTERVENTION AND REFERRAL SERVICE

Extended Description:

PEER ASSISTANT PROGRAM TO IDENTIFY, ASSIST & MONITOR PHARMACISTS, INTERNS & TECHNICIANS W/DEPENDENCY

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Office Address
*1207 Quarrier St E, 4th Floor
Charleston, WV 25301*

Phone
*(304) 558-0558
(304) 558-0572 (fax)*

August 10, 2026

Mr. Gary Brown
WV Pharmacists Recovery Network Inc.
PO Box 4944
Charleston, WV 25364

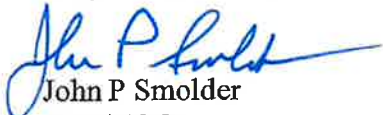
Re: CCT 0913 PHB25*01 – Peer Assistant Program

Dear Mr. Brown:

The WV Board of Pharmacy is offering to renew the subject contract according to all terms, conditions, pricing, and specifications of the original contract. The renewal dates are October 1, 2026, to September 30, 2027. If your company agrees to this renewal, please sign below, and return the original to my attention as soon as possible.

Please call if you have any questions.

Very Truly Yours,


John P Smolder
CFO/COO

We Agree to renew the contract for the period stated above under the terms and conditions in the original purchase order and any change orders thereto.



Name/Signature

08/13/2026

Date

Executive Director

Title

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Business Organization Detail

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THE WEST VIRGINIA PHARMACIST RECOVERY NETWORK CORP.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	2/11/2004		2/11/2004	Domestic	Non-Profit	6		

Organization Information			
Business Purpose	6241 - Health Care and Social Assistance - Social Assistance - Individual and Family Services (child, youth, elderly, disabled)		Capital Stock
Charter County	Kanawha	Control Number	63662
Charter State	WV	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	PO BOX 4944 CHARLESTON, WV, 25364
Notice of Process Address	GARY M. BROWN P.O. BOX 4944 CHARLESTON, WV, 25364
Principal Office Address	228 LAKESIDE DRIVE JENKINS, KY, 41537 USA
Principal Office Mailing Address	P O BOX 4944 CHARLESTON, WV, 25364 USA
Type	Address

Officers	
Type	Name/Address
Director	GARY MICHAEL BROWN 228 LAKESIDE DRIVE JENKINS, KY, 41537
Incorporator	DEBBY NICHOL 223 CRESCENT ROAD BECKLEY, WV, 25801 USA
Incorporator	CHRIS LINGER + ONE OTHER 156 CLAY STREET LOFT 3 MORGANTOWN, WV, 26501 USA
President	ELAINE LOUZOS PO BOX 314 INWOOD, WV, 25428
Secretary	BARBARA COVELLI 13 JAMESTOWN ROAD CHARLESTON, WV, 25314
Treasurer	AARON STURGEON 296 COUNTRYSIDE DRIVE LEBANON, OH, 45036
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
W.V.P.R.N.	TRADENAME	2/11/2004	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
9/2/2004	AMENDMENT FILED, ADDING 501 (C)(3) LANGUAGE
Date	Amendment

Annual Reports	
Filed For	
2026	
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, August 18, 2026 — 2:28 PM

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e.g. 1606N020Q02

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e.g. 123456789, Smith Corp

"THE WEST VIRGINIA PHARMACIST RECOVERY NETWORK CORP." ×

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

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

Exclusion Program

Location

Dates

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Larry D. McDonnell</u> Date: <u>8/18/26</u> Solicitation No. <u>CCT PHB25#01 c/o2</u>	Agency: WV Board of Pharmacy Procurement Officer Submitting Requisition: Shelia Gray Requisition No. CCT Dept:0913ID:PHB2500000001 PF No.: 1457349
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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	☒	☐	☐	☐
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: _____

