



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: 2018-04-19

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 0212 0212 TEMP16E	Procurement Folder: 236480
Document Name: Change Order 2 - STATEWIDE CONTRACT TEMP16E	Reason for Modification:
Document Description: TEMPORARY STAFFING SERVICES (Original PF: 211609)	Change order 2- to renew the contract under the same terms and conditions. Effective 7-15-18 through 7-14-19
Procurement Type: Central Master Agreement	
Buyer Name: Heather D Bundrage	
Telephone: (304) 558-0067	
Email: heather.d.bundrage@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2016-07-15
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2019-07-14

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000118062 22ND CENTURY TECHNOLOGIES INC 1 EXECUTIVE DR STE 285 SOMERSET NJ 08873 US Vendor Contact Phone: (999) 999-9999 Extension: 1007 Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Charles D Barnette Requestor Phone: (304) 558-2586 Requestor Email: charles.d.barnette@wv.gov

INVOICE TO	SHIP TO
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US

AGENCY COPY

Total Order Amount	Open End
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*NB
4-19-18*

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Hyle</i> DATE: <i>JUN 15 2018</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>John D. Jones</i> DATE: <i>6/26/18</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Toler</i> DATE: <i>JUN 20 2018</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order 2 - 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: July 15, 2018 through July 14, 2019.

Renewals remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111613			HOUR	\$0.000000
	Service From	Service To			

Commodity Line Description: TEMPORARY EMPLOYEE SERVICES

Extended Description:

TEMP16E	Document Phase Draft	Document Description TEMPORARY STAFFING SERVICES (Original PF: 211609)	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



22nd Century Technologies. Inc.

Software Consulting & Development

www.tscti.com

April 18, 2018

Heather Bundrage
Buyer
WV Department of Administration
Purchasing Division
2019 Washington Street, East
Charleston, WV 25305

TEMP16E- STATEWIDE CONTRACT RENEWAL LETTER

22nd Century Technologies, Inc. is pleased to submit the documents for the renewal of contract, TEMP16E- STATEWIDE CONTRACT. As per the contract requirement, we have included the following documents:

1. Signed and notarized Contract document.

Sincerely,

Thanks & Regards

Kulpreet Singh-Administrator
22nd Century Technologies, Inc.
govt@tscti.com



JOHN A. MYERS
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305-0130

W. MICHAEL SHEETS
DIRECTOR

April 13, 2018

Kulpreet Singh
22nd Century Technologies, Inc.
220 Davidson Ave.
Suite 118
Somerset, NJ 08873

Subject: Contract# TEMP16E- Statewide Contract for Temporary Staffing Services

Dear Kuplreet Signh,

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are July 15, 2018 through July 14, 2019. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible.

Also attached is an Affidavit that is to be part of the purchase order and is required to be signed and dated.

Please call if you have any questions.

Very truly yours,

Heather Bundry
Heather Bundry
Buyer

Attachment

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

Kulpreet Singh

Name/Signature

Administrator

Title

Christine Wilson
CHRISTINE WILSON
Notary Public
State of New Jersey
My Commission Expires Apr. 28, 2018
I.D.# 2042436

04/18/2018

Date
State of NJ County of Somerset
The foregoing instrument was acknowledged
before me this *18th* day of *April*, *2018*,
by *Kulpreet Singh*

Who is personally known to me or who has
produced *NJ Driver License* as identification



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InsureYourCompany.com An ISU Network Member 225 Gordons Corner Road Suite 1H Manalapan NJ 07726	CONTACT NAME: Benjamin Levenson
	PHONE (A/C, No, Ext): (888) 242-4675 FAX (A/C, No): (732) 862-1177
	E-MAIL ADDRESS: Ben@insureyourcompany.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hartford Fire Insurance Company NAIC # 19682
	INSURER B: HARTFORD UNDERWRITERS INSURANCE COMP 30104
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 63050 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL/Auto Deductible \$2500 <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	13UUNBK2324	02/07/2018	02/07/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		<input checked="" type="checkbox"/>	13UUNBK2324	02/07/2018	02/07/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		<input checked="" type="checkbox"/>	13RHUBK1738	02/07/2018	02/07/2019	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	13WBAA6N2B	09/19/2017	09/19/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		<input checked="" type="checkbox"/>	13TE0320347	02/07/2018	02/07/2019	\$5,000,000 Claim / \$5,000,000 Aggregate \$5,000,000 Limits / \$5,000,000 Agg \$3,000,000 Claim / \$3,000,000 Agg
A	3rd Party Fidelity Crime Bond		<input checked="" type="checkbox"/>	13TP0322385	02/07/2018	02/07/2019	
A	Cyber Security Liability		<input checked="" type="checkbox"/>	13TE0320347	02/07/2018	02/07/2019	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder named as additional insured.

CERTIFICATE HOLDER

State of West Virginia
West Virginia Department of Administration
2019 Washington Street East, PO Box 50130
Charleston WV 25305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Alan Levenson