



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: 04-30-2024

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 VNF2100000006 6	Procurement Folder:	834882
Document Name:	Pharmacy Supplies, Pharmacist Consultant, and Services	Reason for Modification:	Change Order No. 04 To Renew Contract
Document Description:	Pharmacy Supplies, Pharmacist Consultant, and Services		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-06-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-05-31

VENDOR		DEPARTMENT CONTACT			
Vendor Customer Code:	000000227888	Requestor Name:	Peggy L Alexander		
UNIQCARE PHARMACY LLC 3538 TEAYS VALLEY RD		Requestor Phone:	(304) 626-1600		
HURRICANE WV 25526		Requestor Email:	peggy.l.alexander@wv.gov		
US		<div style="font-size: 2em; font-weight: bold;">2025</div> FILE LOCATION _____			
Vendor Contact Phone:	999-999-9999			Extension:	
Discount Details:					
	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

5-1-24 6L

Purchasing Division's File Copy

Total Order Amount:	Open End
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PURCHASING DIVISION AUTHORIZATION
 DATE: *JH 5.1.24*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John L. Gray*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *5/3/2024*
 ELECTRONIC SIGNATURE ON FILE

5/3/2024

Extended Description:

Change Order
Change Order No. 4 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 6-1-2024 through 5-31-2025.
Renewal Years Remaining: 0
No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	51000000				0.000000
	Service From	Service To		Service Contract Amount	
	2021-06-01	2025-05-31		0.00	

Commodity Line Description: Pharmacy Supplies, Pharmacist Consultant, and Services

Extended Description:

Pharmacy Supplies; Pharmacist Consultant, and Services



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

April 29, 2024

David Keller
Uniqcare Pharmacy LLC
3538 Teays Valley Rd
Hurricane, WV 25526

RE: Renewal CMA 0613 9905 VNF21*06

Dear Mr. Keller,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 6/1/2024 to 5/31/2025. 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

DATE

4-29-24

PRINT NAME

David Keller

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>5/1/24</u>	Agency: WVNF
Solicitation No. <u>CMA VNF21*06</u>	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNF21*06
	PF No.: 834882

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: _____

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Business Organization Detail

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UNIQCARE PHARMACY LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	1/18/2013		1/18/2013	Domestic	Profit			

Organization Information			
Business Purpose	4242 - Wholesale Trade - Wholesale Trade, Nondurable Goods - Drugs and Druggists' Sundries Merchant Wholesalers		Capital Stock
Charter County	Putnam	Control Number	99YM6
Charter State	WV	Excess Acres	X Close
At Will Term	A	Hi, I'm SOLO I'm here to help you launch your new LLC.	
At Will Term Years			
Authorized Shares		Young Entrepreneur	Not Specified

Addresses

Type	Address
Designated Office Address	3538 TEAYS VALLEY ROAD HURRICANE, WV, 25526
Mailing Address	3538 TEAYS VALLEY RD HURRICANE, WV, 25526 USA
Notice of Process Address	MIKE EBBERT 3538 TEAYS VALLEY RD HURRICANE, WV, 25526
Principal Office Address	3538 TEAYS VALLEY ROAD HURRICANE, WV, 25526 USA
Type	Address

Officers

Type	Name/Address
Member	JOSHUA H CURRY 8745 HOWELLS MILL RD ONA, WV, 25545
Member	MIKE EBBERT 18 RALPH DRIVE HURRICANE, WV, 25526
Member	DAVID KELLER PO BOX 126 BARTLETT, OH, 45713
Organizer	JOSHUA H CURRY RR 2 BOX 133 ONA, WV, 25545 USA
Organizer	MIKE EBBERT AND OI 18 RALPH DRIVE HURRICANE, WV, 255. USA
Type	Name/Address

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

Wednesday, May 1, 2024 — 7:34 AM

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