



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: 07-29-2024

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 0506 2818 HHR1341025A 3	Procurement Folder:	1341025
Document Name:	ACCOUNTING TECHNICIAN IV TEMPORARY STAFFING	Reason for Modification:	Change Order 1 Administrative Change Add Commodity line for Overtime/Holiday
Document Description:	ACCOUNTING TECHNICIAN IV TEMPORARY STAFFING		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-02-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-02-14

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	000000206538			Requestor Name:	Tara L Buckner
SAUNDERS STAFFING INC				Requestor Phone:	(304) 558-9138
1116 SMITH STREET				Requestor Email:	tara.l.buckner@wv.gov
CHARLESTON	WV	25302		<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
US					
Vendor Contact Phone:	3043256817	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES FINANCE ONE DAVIS SQUARE, STE 300 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES ADMINISTRATION AND FINANCE ONE DAVIS SQUARE, RM 300 CHARLESTON WV 25301 US

7/30/24

Total Order Amount:	Open End
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Purchasing Division's File Copy

CH 7/29/24

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara L Buckner* 7/29/24
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *[Signature]* 8-1-24
 ELECTRONIC SIGNATURE ON FILE

8/1/2024

Extended Description:

Change Order 1

Administrative Change to add commodity line for holiday/overtime pay

No other changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111605			HOUR	23.760000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Accounting Technician IV

Extended Description:

Accounting Technician IV-Award Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	80111605			HOUR	35.640000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Accounting Technician IV - Overtime/Holiday

Extended Description:

Accounting Technician IV- Overtime/Holiday

To be paid at 1.5 times the hourly rate per 3.1.2 of specifications



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of Chief Financial Officer

Sherri A. Young
Interim Cabinet Secretary

One Davis Square, Suite 301
Charleston, WV 25301
Telephone: (304) 352-6634 Fax: (304) 558-3329

Tara L. Buckner
Chief Financial Officer

MEMORANDUM

DATE: November 16, 2023

TO: Bryan Rosen, Director
DHHR Purchasing

FROM: Tara L. Buckner, CPA, MBA *TLB*
Chief Financial Officer

SUBJECT: Justification for Temp Workers

Over the last year and a half, DHHR has experienced high vacancy rates in paraprofessional staff, along with increased workload and the inability to be able to meet deliverables without staffing services. Efforts are ongoing to permanently fill these positions.

With the turnover rate and recruiting/hiring processing time, the number of staff is not consistent for the processing of financial documents through the Statewide financial system (WVOASIS). Without the temporary employees to supplement the current staff while positions are vacant, there would be a delay in the processing of these financial documents through WVOASIS.

I also certify that the funds are available to cover the cost of this contract.

If you have any questions, please do not hesitate to contact me.

TLB/eaw

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husband</u> Date: <u>7/29/24</u> Solicitation No. <u>CMA HHR1341025A</u>	Agency: WV Department of Health & Human Resources <hr/> Procurement Officer Submitting Requisition: Heather White <hr/> Requisition No. CRQM HHR24*4 <hr/> PF No.: 1341025
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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	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input 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: _____

Cynthia Husband

Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

Any Words ⁽ⁱ⁾

All Words ⁽ⁱ⁾

Exact Phrase ⁽ⁱ⁾

e.g. 123456789, Smith Corp

"saunders staffing inc" ×

Entity ▼

Location ▼

Status ▲

Active

Inactive

Reset 



No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

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Business and Licensing

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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.

SAUNDERS STAFFING, INC.

See Attached

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/2/1989		3/2/1989	Domestic	Profit			

Organization Information			
Business Purpose	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)		Capital Stock 3000.0000
Charter County	Mercer	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	30.000000
Authorized Shares	100	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	400 NORTH ST BLUEFIELD, WV, 24701
Mailing Address	P.O. BOX 211 BLUEFIELD, WV, 24701 USA
Notice of Process Address	CONNIE SAUNDERS 37 COLLEGE DRIVE BLUEFIELD, VA, 24605
Principal Office Address	400 NORTH STREET BLUEFIELD, WV, 24701 USA
Type	Address

Officers	
Type	Name/Address
Incorporator	DEBRA ARCHER P.O. BOX 5706 PRINCETON, WV, 24740
President	CONNIE SAUNDERS 400 NORTH ST BLUEFIELD, WV, 24701
Secretary	W R. WELLONS JR 400 NORTH STREET BLUEFIELD, WV, 24701
Treasurer	W R. WELLONS JR. 400 NORTH STREET BLUEFIELD, WV, 24701
Vice-President	R. M. SAUNDERS 400 NORTH ST BLUEFIELD, WV, 24701
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
DUST BUNNIES OF BLUEFIELD	TRADENAME	9/10/1997	8/1/2000
DBA Name	Description	Effective Date	Terminator

Name Changes

Date	Old Name
8/14/2002	SAUNDERS EMPLOYMENT SERVICES, INC.
Date	Old Name

Date	Amendment
8/14/2002	NAME CHANGE: FROM SAUNDERS EMPLOYMENT SERVICES, INC.
1/19/1996	CHANGE OF NAME FROM SAUNDERS TEMPORARY SERVICES, INC. TO SAUNDERS EMPLOYMENT SERVICES, INC.
Date	Amendment

Annual Reports

Filed For

2024

2023

2022

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2019

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2000
1999
1998
Date filed

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

Monday, July 29, 2024 — 9:05 AM

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Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Ordering	1116 SMITH STREET	CHARLESTON	WV	25302	CONNIE SAUNDERS
Payment	PO BOX 211	BLUEFIELD	WV	247010211	PRISCILLA LEEDY
Ordering	PO BOX 211	BLUEFIELD	WV	24701	CONNIE SAUNDERS

First Prev Next Last

Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#)

Vendor/Customer : 000000206538
SAUNDERS STAFFING INC

Active From : 01/17/2024

Address Type : Ordering

Active To :

Division/Department :

Default Record :

Additional Address Info. :

Mail Returned :

Prevent New Spending :

Active Address : Yes

Default Currency : USD - US Dollar

Address Information

Address ID : AD000002	Country Phone Code : 1
Street 1 : 1116 SMITH STREET	Phone : 304-325-6817
Street 2 : SUITE 314	Phone Extension :
City : CHARLESTON	County :
State/Province : WV	County Name :
Zip/Postal Code : 25302	Country : US
DUNS :	
Extended DUNS :	
Unique Entity Identifier :	
CAGE Code :	

▶ Prenote/EFT

▶ Remittance Advice

▶ Contact Information

▶ Contact Address Information

▶ Geographic Designation

▶ Change Management

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[Vendor Transaction History](#)