



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: 12-05-2024

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 HHR1341025E 3	Procurement Folder:	1362510
Document Name:	ACCOUNTING TECHNICIAN IV TEMPORARY STAFFING	Reason for Modification:	Change Order 1 To Renew Contract and Add CL2 to allow for Overtime/Holiday Pay
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:	2026-02-14

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000012119			Requestor Name:	Tara L Buckner
NOOR ASSOCIATES INC 622 THIRD AVE 7TH FL				Requestor Phone:	(304) 558-9138
NEW YORK NY 10017 US				Requestor Email:	tara.l.buckner@wv.gov
Vendor Contact Phone:	717-724-7865	Extension:		<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION _____</div>	
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

CR 12-13-24

Total Order Amount:	Open End
----------------------------	----------

Purchasing Division's File Copy

OH 12/11/24

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara L Buckner 12/12/24*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray 12/17/2024*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *12-18-24*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 1 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. CL2 is also being added to add payment options for overtime/holiday pay

Effective date of renewal 2/15/2025 through 2/14/2026.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111605			HOUR	29.470000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Accounting Technician IV

Extended Description:

Accounting Technician IV-Award Level 5

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	80111605			HOUR	44.210000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Accounting Technician IV - Overtime/Holiday

Extended Description:

Accounting Technician IV-Overtime/Holiday

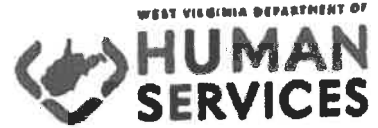
To be paid at 1.5 times the hourly rate per 3.1.2 of specifications



Sherri A. Young, D.O., MBA, FAAFP
DH Cabinet Secretary



Michael J. Caruso
DHF Cabinet Secretary



Cynthia A. Persily, Ph.D.
DoHS Cabinet Secretary

STATE OF WEST VIRGINIA
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES

Office of Shared Administration
Tara L. Buckner, CPA, MBA
Chief Financial Officer

October 31, 2024


NOOR Associates, Inc.
622 Third Avenue, 7th Floor
New York, NY 10017

Dear Vendor:

Office of Shared Administration would like to renew Contract CMA HHR 1341025E for the period of February 15, 2025 through February 14, 2026 under the same pricing, terms and conditions as the original contract including any subsequent change orders or modifications. We will need an insurance certificate showing a minimum of \$1 million general liability insurance with the State listed as the certificate holder and an additional insured.

Please sign, date and print your name and title below in acceptance of the renewal. Please return this letter to email Elizabeth.A.Webb@wv.gov.

If you have any questions or need additional information, please contact Ms. Webb via email.

Accepted:		11/26/2024
	Signature	Date
	Michael Lombardi	11/26/2024
	Printed Name	Date

Sincerely,

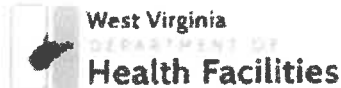
Tara L. Buckner, Chief Financial Officer
Office of Shared Administration

Agreed





Sherri A. Young, D.O., MBA, FAAFP
DH Cabinet Secretary



Michael J. Caruso
DHF Cabinet Secretary



Cynthia A. Persily, Ph.D.
DoHS Cabinet Secretary

STATE OF WEST VIRGINIA
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES

Office of Shared Administration
Tara L. Buckner, CPA, MBA
Chief Financial Officer

MEMORANDUM

DATE: December 3, 2024

TO: Robert Price, CPPO, CPPB, WVDHHR Buyer Supervisor
WVDHHR – Office of Purchasing

FROM: Tara L. Buckner, Chief Financial Officer *TJB*
Office of Shared Administration

SUBJECT: Renewal of Contract for Accounting Technician IV Staff

We are requesting that Contract Number CMA 0506 2818 HHR1341025E be renewed because the need still exists for additional staff in order to maintain timely processing.

Attached is the result of the letter going to the NOOR Associates, Inc. for renewal. If you have any questions, please do not hesitate to contact me at (304) 558-9138.

TB/eaw

Attachment



- Any Words (i)
- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"noor associates" ×

- Classification ▼
- Excluded Individual ▼
- Excluded Entity ▼
- Federal Organizations ▼
- Exclusion Type ▼
- Exclusion Program ▼
- Location ▼
- Dates ▼

Reset 



No matches found

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

Please try another search or go back to previous results.

[Go Back](#)



Feedback

You are viewing this page over a secure connection. [Click here for more information.](#)

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.

NOOR ASSOCIATES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/25/2017		3/25/2017	Foreign	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		
Charter County	Control Number	0
Charter State	NY	Excess Acres
At Will Term	Member Managed	
At Will Term Years	Par Value	
Authorized Shares	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	622 THIRD AVE 7TH FLOOR NEW YORK, NY, 10017
Mailing Address	622 THIRD AVE 7TH FLOOR NEW YORK, NY, 10017 USA
Notice of Process Address	INCORP SERVICES, INC. 5098 WASHINGTON STREET WEST SUITE 407 CHARLESTON, WV, 25313
Principal Office Address	622 THIRD AVE 7TH FLOOR NEW YORK, NY, 10017 USA
Type	Address

Officers	
Type	Name/Address
President	HABIB NOOR 115 OVERLOOK DR POMONA, NY, 10970
Type	Name/Address

Annual Reports	
Filed For	
2024	
2023	
2022	
2021	
2020	
2019	
2018	
Date filed	

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

Thursday, December 5, 2024 — 8:51 AM

© 2024 State of West Virginia



COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>12/11/24</u> Solicitation No. <u>CMA HHR1341025E</u>	Agency: WV Office of Shared Administration Procurement Officer Submitting Requisition: Heather White Requisition No. CMA HHR1341025E CO1 PF No.: 1362510
--	---

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Crystal Hustead