



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: 11-22-2024

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 2820 MIS2300000003 4	Procurement Folder:	1124314
Document Name:	SURVEY MANAGEMENT PLATFORM	Reason for Modification:	Change Order No 3 - Administrative Change order to add a commodity line 11 for renewal Year 1 inadvertently omitted from the previous change order.
Document Description:	SURVEY MANAGEMENT PLATFORM		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-11-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-10-31

VENDOR		DEPARTMENT CONTACT			
Vendor Customer Code:	000000189175	Requestor Name:	Stephanie F Pettry		
QUALTRICS LLC		Requestor Phone:	(304) 356-4011		
2250 N UNIV PKWY #48C		Requestor Email:	stephanie.f.pettry@wv.gov		
PROVO	UT	<div style="font-size: 2em; font-weight: bold;">2025</div> FILE LOCATION _____			
US	84604				
Vendor Contact Phone:	801-709-2160			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	BUYER - 304-957-0209
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
OFFICE OF HUMAN RESOURCES MGMT	OFFICE OF HUMAN RESOURCES MGMT
ONE DAVIS SQUARE, STE 400	ONE DAVIS SQUARE, STE 400
CHARLESTON WV 25301	CHARLESTON WV 25301
US	US

11/25/24 06

Purchasing Division's File Copy

Total Order Amount:	Open End
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CH 11/22/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara Yu 11/22/24*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
 DATE: *11-26-24*
 ELECTRONIC SIGNATURE ON FILE

11/26/2024

Extended Description:

Change Order

Change Order No 3 - Administrative Change Order to add a commodity line 11 for renewal Year 1 in order to cover the cost of invoice 418633. The funds were inadvertently omitted from the previous renewal change order - Change Order No.2.

No other changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	43232314			EA	167000.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Survey Management Platform

Extended Description:

3.1.1 Survey Management Platform- up to a minimum of ten users

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	43230000			EA	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Additional Users/Licenses

Extended Description:

3.1.1.9 Additional Users/Licenses - each add on user/license
(10 used for bidding scenario only, quantity could increase or decrease during life of contract)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	81112200			EA	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Service and Support- monthly fee

Extended Description:

3.1.2.1 Service and Support - monthly fee

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	86132201			EA	40750.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Training

Extended Description:

3.1.2.2 Training

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	43232314			EA	167000.000000
	Service From	Service To		Service Contract Amount	
	2024-11-01	2025-10-31		0.00	

Commodity Line Description: Survey Management Platform- Renewal YR 1

Extended Description:

3.1.1 Survey Management Platform- up to a minimum of ten users

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husband</u> Date: <u>11/19/24</u> Solicitation No. <u>CMA MIS23*03</u>	Agency: WV Department of Health & Human Resources Procurement Officer Submitting Requisition: Heather White Requisition No. CMA MIS23*3 CO3 PF No.: 1124314
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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 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				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 Husted

Simple Search

Search Editor

- Any Words *i*
- All Words *i*
- Exact Phrase *i*

e.g. 123456789, Smith Corp

qualtrics



Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



Exclusion Program



Location



Dates



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Business and Licensing

Online Data Services Help

Business Organization Detail

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QUALTRICS, LLC

See Attached

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	10/2/2018		10/2/2018	Foreign	Profit			

Organization Information			
Business Purpose	5182 - Information - Data Processing, Hosting, and Related Services - Data Processing, Hosting and Related Services		
Charter County		Control Number	0
Charter State	DE	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years		Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses

Type	Address
Designated Office Address	333 W RIVER PARK DR PROVO, UT, 84604
Mailing Address	333 W RIVER PARK DR PROVO, UT, 84604 USA
Notice of Process Address	QUALTRICS LLC 333 W RIVER PARK DR PROVO, UT, 84604
Principal Office Address	333 W RIVER PARK DR PROVO, UT, 84604 USA
Type	Address

Officers

Type	Name/Address
Member	QUALTRICS INTERNATIONAL INC 333 W RIVER PARK DR PROVO, UT, 84604
Type	Name/Address

Annual Reports

Filed For
2024
2023
2022
2021
2020
2019
Date filed

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

Monday, November 18, 2024 — 2:39 PM

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Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	DEPT 880102	PHOENIX	AZ	850389650	
Payment	333 W RIVER PARK DRIVE	PROVO	UT	84604	
Payment	2250 N UNIV PKWY #48C	PROVO	UT	84604	Tracie Christensen
Ordering	2250 N UNIV PKWY #48C	PROVO	UT	84604	Tracie Christensen

First Prev Next Last

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

Vendor/Customer : 000000189175
QUALTRICS LLC

Address Type : Payment

Division/Department :

Additional Address Info. :

Prevent New Spending :

Default Currency : USD - US Dollar

Active From : 06/16/2016

Active To :

Default Record :

Mail Returned :

Active Address : Yes

Address Information

Address ID : AD000001

Street 1 : DEPT 880102

Street 2 : PO BOX 29650

City : PHOENIX

State/Province : AZ

Zip/Postal Code : 850389650

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

Country Phone Code : 1

Phone : 000-000-0000

Phone Extension :

County :

County Name :

Country : US

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▶ Remittance Advice

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▶ Contact Address Information

▶ Geographic Designation

▶ Change Management

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