



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: 10-03-2024

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 VNF2200000003 4	Procurement Folder:	931424
Document Name:	Elevator Maintenance and Repairs	Reason for Modification:	Change Order No. 3 To Renew Contract
Document Description:	Elevator Maintenance and Repairs		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:		Effective Start Date:	2021-10-15
Shipping Method:	Best Way	Effective End Date:	2025-10-14
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000038531	Requestor Name:	Michael A Clevenger
3 PHASE EXCEL ELEVATOR LLC 1 HARMON PLAZA		Requestor Phone:	304-626-1600
SECAUCUS NJ 07094		Requestor Email:	michaelclevenger06@gmail.com
US		<div style="font-size: 2em; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
Vendor Contact Phone:	718-966-2600 Extension: 414		
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

CR 10-11-24

Total Order Amount: _____ Open Enc

Purchasing Division's File Copy

AMP 10/7/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *10-11-24*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
Cady Yess
 DATE: *10-15-24*
 ELECTRONIC SIGNATURE ON FILE

10/15/2024

Extended Description:

Change Order

Change Order No.3 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 10/15/2024 through 10/14/2025.

Renewal Years Remaining: 0

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72101506				0.000000
	Service From	Service To		Service Contract Amount	
	2021-10-15	2025-10-14		53884.00	

Commodity Line Description: Elevator Maintenance and Repairs

Extended Description:

Elevator Maintenance Contract for the WVVNF



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

September 26, 2024

Grant Murphy
3 Phase Excel Elevator LLC
1 Harmon Plaza
Secaucus, NJ 07094

RE: Renewal CMA 0613 9905 VNF22*03

Dear Mr. Murphy,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 10/15/2024 to 10/14/2025. 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 Grant Murphy
SIGNATURE

9/27/2024
DATE

Grant Murphy
PRINT NAME

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>10/7/24</u> Solicitation No. <u>CMA VNF22*03</u>	Agency: WVNF Procurement Officer Submitting Requisition: Michael Clevenger Requisition No. CMA VNF22*03 PF No.: 931424
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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 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:

David Pauline

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Business Organization Detail

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3PHASE EXCEL ELEVATOR LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	7/8/2021		7/8/2021	Foreign	Profit			

Organization Information			
Business Purpose	2382 - Construction - Special Trade Contractors - Building Equipment Contractors (electrical & other wiring, plumbing, heating & air-conditioning, other)		Capital Stock
Charter County			Control Number
Charter State	WV	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years	Par Value		
Authorized Shares	Young Entrepreneur		No

Addresses

Type	Address
Designated Office Address	4784 CHIMNEY DRIVE CHARLESTON, WV, 25302
Mailing Address	60 SHAWMUT ROAD, SUITE 1 CANTON, MA, 02021 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST. W. STE. 407 CHARLESTON, WV, 25313
Principal Office Address	60 SHAWMUT ROAD, SUITE 1 CANTON, MA, 02021 USA
Type	Address

Officers

Type	Name/Address
Member	3PHASE ELEVATOR CORP 60 SHAWMUT ROAD, SUITE 1 CANTON, MA, 02021
Type	Name/Address

DBA

DBA Name	Description	Effective Date	Termination Date
WEST VIRGINIA ELEVATOR	TRADENAME	7/8/2021	
DBA Name	Description	Effective Date	Termination Date

Annual Reports

Filed For
2024
2023
2022

Date filed

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

Friday, September 27, 2024 — 10:04 AM

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Jul 18, 2024



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