



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: 09-18-2024

CORRECT ORDER NUMBER MUST  
 APPEAR ON ALL PACKAGES, INVOICES,  
 AND SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CMA 0613 9905 VNF2300000005 4	<b>Procurement Folder:</b>	1087853
<b>Document Name:</b>	Respiratory Supplies, Equipment and Maintenance	<b>Reason for Modification:</b>	Change Order No. 03 To Renew Contract
<b>Document Description:</b>	Respiratory Supplies, Equipment and Maintenance		
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2022-09-26
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-09-25

VENDOR			DEPARTMENT CONTACT		
<b>Vendor Customer Code:</b>	000000210246		<b>Requestor Name:</b>	Heather L Brunton	
RESPIRATORY THERAPY SERVICES LLC 522 16TH ST			<b>Requestor Phone:</b>	(304) 558-3661	
DUNBAR WV 25064 US			<b>Requestor Email:</b>	heather.l.brunton@wv.gov	
<b>Vendor Contact Phone:</b>	304-766-9357	<b>Extension:</b>	<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>		
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>			<b>Discount Days</b>
#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

9-25-24 6c

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

OKP 9/18/24

<b>PURCHASING DIVISION AUTHORIZATION</b>
DATE: 9/25/24
ELECTRONIC SIGNATURE ON FILE

<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b>
DATE: [Signature]
ELECTRONIC SIGNATURE ON FILE

10/2/2024

<b>ENCUMBRANCE CERTIFICATION</b>
DATE: 10-2-24
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No. 03 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 9/26/2024 through 9/25/2025.

Renewal Years Remaining: 1

No Other Changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42000000			EA	0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2022-09-26	2025-09-25	Commodity Ln Discontinued	0.00	

**Commodity Line Description:** DO NOT USE Respiratory therapy supplies, equipment and maint

**Extended Description:**

LINE DISCONTINUED. SEE COMMODITY LINE 2.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85161505				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2022-09-26	2025-09-25		0.00	

**Commodity Line Description:** Respiratory therapy supplies, equipment and maintenance

**Extended Description:**

Respiratory therapy supplies, equipment and maintenance.

See attached pricing page.



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

September 13, 2024

Paula Vineyard  
Respiratory Therapy Services LLC  
522 16<sup>th</sup> St  
Dunbar, WV 25064

RE: Renewal AMA 0613 9905 VNF23\*05

Dear Ms. Vineyard,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 9/26/2024 to 9/25/2025. 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.

09/16/2024

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Paula S. Vineyard, Owner

\_\_\_\_\_  
PRINT NAME

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>          8          </u> Date: <u>09/17/2024</u>  Solicitation No. <u>CMA VNF23*05</u>	Agency: WVNF  Procurement Officer Submitting Requisition: Michael Clevenger  Requisition No. CMA VNF23*05  PF No.: 1087853
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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 ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<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
<b>10</b>	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"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	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*

**Addresses**

Type	Address
<b>Designated Office Address</b>	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309
<b>Mailing Address</b>	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA
<b>Notice of Process Address</b>	PAULA S. VINEYARD 624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309
<b>Principal Office Address</b>	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA
Type	Address

**Officers**

Type	Name/Address
<b>Member</b>	PAULA VINEYARD 522 16TH STREET DUNBAR, WV, 25064
<b>Organizer</b>	KINETIC HEALTH CARE, LLC 111 MAIN STREET RIPLEY, WV, 25271 USA
<b>Organizer</b>	PAULA VINEYARD 442 STRAWBERRY ROAD SAINT ALBANS, WV, 25177 USA
Type	Name/Address

**DBA**

DBA Name	Description	Effective Date	Termination Date
ELANA HEALTH	TRADENAME	6/13/2008	
LOOP MEDICAL	TRADENAME	11/1/2018	
DBA Name	Description	Effective Date	Termination Date

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

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### RESPIRATORY THERAPY SERVICES, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	9/27/1999		9/27/1999	Domestic	Profit		9/7/2074	

Organization Information			
<b>Business Purpose</b>	6216 - Health Care and Social Assistance - Ambulatory Health Care Services - Home Health Care Services	<b>Capital Stock</b>	
<b>Charter County</b>	Kanawha	<b>Control Number</b>	15099
<b>Charter State</b>	WV	<b>Excess Acres</b>	
<b>At Will Term</b>	T	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>	75	<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

<b>Filed For</b>
2024
2023
2022
2021
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2019
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2014
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2000
<b>Date filed</b>

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

Monday, September 16, 2024 — 9:47 AM

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Enter Code or Name  

Status 

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Inactive

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