



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: 10-30-2024

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 VNF2400000003 2	Procurement Folder:	1281126
Document Name:	Skilled Rehabilitation Therapy Services	Reason for Modification:	Change Order No. 01 To Renew Contract
Document Description:	VNF Therapy Services		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-09-30

VENDOR		DEPARTMENT CONTACT																					
Vendor Customer Code:	VS0000014291	Requestor Name:	Michael A Clevenger																				
BENCHMARK THERAPIES INC 403 SIXTH ST HUNTINGDON PA 16652 US		Requestor Phone:	304-626-1600																				
Vendor Contact Phone:	814-599-9754	Requestor Email:	michaelclevenger06@gmail.com																				
Extension:		<div style="font-size: 2em; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>																					
Discount Details:																							
	<table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>				Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
	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 11-12-24

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

11/11/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *11-12-24*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
Colby
 DATE: *11-13-24*
 ELECTRONIC SIGNATURE ON FILE

11/13/2024

Extended Description:

Change Order

Change Order No. 01 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 10/01/2024 through 9/30/2025.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85122102				0.000000
	Service From	Service To		Service Contract Amount	
	2023-10-01	2025-09-30		0.00	

Commodity Line Description: Occupational Therapist Services

Extended Description:

See The Pricing Page Exhibit "A"



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

September 13, 2024

Jennifer Mulraney
Benchmark Therapies, Inc
403 6th St
Huntingdon, PA 16652

RE: Renewal AMA 0613 9905 VNF24*03

Dear Ms. Mulraney,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 10/1/2024 to 9/30/2025. 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.

SIGNATURE

9/16/2024
DATE

Jennifer Mulraney
PRINT NAME

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>11/11/24</u> Solicitation No. <u>CMA VNF23*03</u>	Agency: WVNF <hr/> Procurement Officer Submitting Requisition: Michael Clevenger <hr/> Requisition No. CMA VNF24*03 <hr/> PF No.: 1281126
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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 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

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.

BENCHMARK THERAPIES INC.

See attached

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/21/2018		3/21/2018	Foreign	Profit			

Organization Information			
Business Purpose	6213 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Other Health Practitioners (chiropractors, optometrist, mental health practitioners, physical, occupational, speech, audiology, podiatrist)		Capital Stock
Charter County	Harrison	Control Number	SALLM
Charter State	PA	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	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652
Mailing Address	P.O. BOX 870 HUNTINGDON, PA, 16652 USA
Notice of Process Address	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Principal Office Address	11559 WILLIAM PENN HIGHWAY HUNTINGDON, PA, 16652 USA
Type	Address

Officers	
Type	Name/Address
President	EDWARD LUBERSKI ONE TRINITY DRIVE E. SUITE 201 DILLSBURG, PA, 17019
Secretary	BEVERLY WICKLINE ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Treasurer	DYAN MCALISTER ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA, 17019
Type	Name/Address

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

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

Tuesday, November 12, 2024 — 10:30 AM

Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Billing	403 SIXTH ST	HUNTINGDON	PA	16652	Jackie Hoffmaster
Payment	403 SIXTH ST	HUNTINGDON	PA	16652	Maria Morelli
Ordering	403 SIXTH ST	HUNTINGDON	PA	16652	Jackie Hoffmaster
Web Registrar	403 SIXTH ST	HUNTINGDON	PA	16652	Jackie Hoffmaster

First Prev Next Last

Save Undo Delete Insert Copy Paste

Vendor/Customer : VS0000014291

BENCHMARK THERAPIES INC

Address Type : Billing

Division/Department :

Additional Address Info. :

Prevent New Spending :

Default Currency : USD - US Dollar

Active From : 10/19/2017

Active To :

Default Record :

Mail Returned :

Active Address : Yes

Address Information

Address ID : AD000002

Street 1 : 403 SIXTH ST

Street 2 : PO BOX 870

City : HUNTINGDON

State/Province : PA

Zip/Postal Code : 16652

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

Country Phone Code : 1

Phone : 814-506-8212

Phone Extension :

County :

County Name :

Country : US

▶ Prenote/EFT

▶ Remittance Advice

▶ Contact Information

▶ Contact Address Information

▶ Geographic Designation

▶ Change Management

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Modify Existing Record Add New Address

Master Address

Master Contacts

Languages

Vendor Transaction History

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Jul 18, 2024



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Nov 8, 2024



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- Any Words
- All Words
- Exact Phrase

e.g. 1606N020Q02
"BENCHMARK THERAPIES INC"

Federal Organizations

Enter Code or Name

Status

- Active
- Inactive

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