



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: 08-29-2024

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 VNFFOODSER24B 2	<b>Procurement Folder:</b>	1239129
<b>Document Name:</b>	Food Service Cafeteria Workers	<b>Reason for Modification:</b>	Change Order No. 01 To Renew Contract
<b>Document Description:</b>	Food Service Cafeteria Workers		
<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>	2023-08-15
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-08-14

VENDOR		DEPARTMENT CONTACT																					
<b>Vendor Customer Code:</b>	VS0000009010	<b>Requestor Name:</b>	Michael A Clevenger																				
Wise Medical Staffing Inc 432 Magazine St  Tupelo MS 38804 US		<b>Requestor Phone:</b>	304-626-1600																				
<b>Vendor Contact Phone:</b>	7407758066	<b>Requestor Email:</b>	michaelclevenger06@gmail.com																				
<b>Discount Details:</b>		<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION</div>																					
	<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

9/5/24 61

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

DIP 9/3/24

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *JA 9-4-24*  
 ELECTRONIC SIGNATURE ON FILE

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

**ENCUMBRANCE CERTIFICATION**  
 DATE: *9/4/24*  
 ELECTRONIC SIGNATURE ON FILE

*9/6/2024*

**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 8/15/2024 through 8/14/2025.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101600				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-08-15	2025-08-14		0.00	

**Commodity Line Description:** Food Service Cafeteria Workers

**Extended Description:**

See pricing pages for hourly rates for weekday, weekend, holiday and other important dates.



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

July 31, 2024

Rebecca Waggoner  
Wise Medical Staffing Inc  
432 Magazine St  
Tupelo, MS 38804


RE: Renewal CMA 0613 9905 VNFFOODSER24B

Dear Ms. Waggoner,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 8/15/2024 to 8/14/2025. 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   
SIGNATURE

7/30/24  
DATE

Morgan Steppany  
PRINT NAME

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>9/3/2024</u>	Agency: WVNF
Solicitation No. <u>CMA VNFFOOD24B</u>	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNFFOOD24B
	PF No.: 1239129

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 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*

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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.*

**WISE MEDICAL STAFFING, INC.**

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	12/19/2001		12/19/2001	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	5613 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Employment Services (placement, executive search, temporary help, professional employer orgs)	<b>Capital Stock</b>	1000.0000
<b>Charter County</b>		<b>Control Number</b>	44748
<b>Charter State</b>	WV	<b>Excess Acres</b>	
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	1.000000
<b>Authorized Shares</b>	1000	<b>Young Entrepreneur</b>	Not Specified

*See attached*

Addresses	
Type	Address
<b>Local Office Address</b>	519 C STREET SOUTH CHARLESTON, WV, 25303
<b>Mailing Address</b>	6 HEALTH DR CHILLICOTHE, OH, 45601 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	6 HEALTH DRIVE CHILLICOTHE, OH, 45601 USA
Type	Address

Officers	
Type	Name/Address
<b>Director</b>	PATRICIA PANSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Director</b>	MORGAN SHEPPARD 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>President</b>	MILTON CLEGG 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Secretary</b>	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Treasurer</b>	TIFFANY HADSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
<b>Vice-President</b>	PATRICIA PANSELL 6 HEALTH DRIVE CHILLICOTHE, OH, 45601
Type	Name/Address

Annual Reports	
Filed For	
2024	Hi, I'm SOLO! I can help you file your Annual Report.
2023	
2022	
2021	

Close

Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	ATTN ACCOUNTS RECEIVABLE	CHILLICOTHE	OH	45601	
Payment	6 HEALTH DRIVE	CHILLICOTHE	OH	45601	Tiffany Hadsell
Billing	432 Magazine St	Tupelo	MS	38804	Darla Smith
Payment	432 Magazine St	Tupelo	MS	38804	Darla Smith
Ordering	432 Magazine St	Tupelo	MS	38804	Darla Smith
Web Registrar	432 Magazine St	Tupelo	MS	38804	Darla Smith

First Prev Next Last

Save Undo Delete Insert Copy Paste

Vendor/Customer : VS000009010  
Wise Medical Staffing Inc

Active From : 01/26/2022

Active To :

Address Type : Payment

Default Record :

Division/Department :

Mall Returned :

Additional Address Info. :

Active Address : Yes

Prevent New Spending :

Default Currency : USD - US Dollar

Address Information

Address ID : AD000001

Country Phone Code : 1

Street 1 : ATTN ACCOUNTS RECEIVA

Phone : 000-000-0000

Street 2 : 80 E SECOND STREET

Phone Extension :

City : CHILLICOTHE

County : OH141

State/Province : OH

County Name : Ross

Zip/Postal Code : 45601

Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

▶ 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

An official website of the United States government [Here's how you know](#)



**Important Reqs and Certs Update** Show Details  
Jul 18, 2024



See All Alerts

**Entity validation** Show Details  
Aug 27, 2024



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All Domains



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Simple Search

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- All Words ⓘ
- Exact Phrase ⓘ

eg. 1607N020Q02

"WISE MEDICAL STAFFING, INC" x

### Federal Organizations

Enter Code or Name



Status

- Active
- Inactive

Reset



## No matches found

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