



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: 07-18-2024

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

Order Number:	CMA 0932 4828 DRS230000001 3	Procurement Folder:	1071036
Document Name:	State Use Program Management Services by a CNA	Reason for Modification:	Change order for renewal number 2.
Document Description:	State Use Program Management Services by a CNA		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-09-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-08-31

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	000000204796			Requestor Name:	Roger D Green
WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC				Requestor Phone:	(304) 558-8247
400 PATTERSON LN				Requestor Email:	roger.d.green@wv.gov
CHALRESTON	WV	25311		<div style="font-size: 2em; font-weight: bold;">2025</div> FILE LOCATION _____	
US					
Vendor Contact Phone:	6816610143	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN ROAD NITRO WV 25143 US	PROGRAM SERVICES DIVISION OF REHABILITATION SERVICES 10 MCJUNKIN RD NITRO WV 25143 US

7/19/24 66

Purchasing Division's File Copy

Total Order Amount:	Open End
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*TLW 7/19/24*  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *M. [Signature]* 7/19/2024  
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM  
 DATE: *John S. Gray*  
 ELECTRONIC SIGNATURE ON FILE  
*7/31/2024*

ENCUMBRANCE CERTIFICATION  
 DATE: *[Signature]* 7-31-24  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No.2 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: September 1, 2024 through August 31, 2025.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80101600				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
				0.01	

**Commodity Line Description:** STATE USE PROGRAM MANAGEMENT SERVICES

**Extended Description:**

Percentage of Markup = 4.1%



**WEST VIRGINIA DIVISION OF  
REHABILITATION SERVICES**

**Administrative Offices**  
State Capitol P.O. Box 50890  
Charleston, West Virginia 25305-0890  
P: 304.356.2060 | F: 304.558.1421  
Toll-free: 1.800.642.8207  
wvdrs.org  
**Pisnu Bua-Iam, Director**

7/17/24

*Nita Hobbs*  
*West Virginia Association of Rehabilitation Facilities, Inc*  
*710 Central Ave*  
*Charleston, WV 25302*

RE: CMA DRS2300000001

Dear *Ms. Hobbs*,

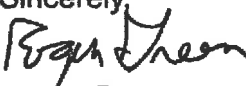
The Division of Rehabilitation Services requests an agreement to renew contract CMA DRS2300000001 through *August 31, 2025*. Please sign below that you agree to this renewal under the same terms, conditions, and specifications contained in the original contract. The effective date of the renewal will be *September 1, 2024* through *August 31, 2025*.

AGREED:

DocuSigned by: <i>Nita Hobbs</i>	CEO	7/17/2024
Signature	Title	Date

Please scan and return the signed letter to my email [Roger.D.Green@wv.gov](mailto:Roger.D.Green@wv.gov) or by mail at the WV Division of Rehabilitation Services, *10 McJunkin Rd, Nitro, WV 25143*.

Thank you for your prompt attention to this request. Feel free to call me at 304-356-2071 extension 62071 with any questions.

Sincerely,  
  
Roger Green  
Procurement Officer

Enclosure

cc: file

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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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### THE WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES, INC.

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C   Corporation	5/8/1973		5/8/1973	Domestic	Non-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>	0.0000				
<b>Charter County</b>	Kanawha			<b>Control Number</b>	0				
<b>Charter State</b>	WV			<b>Excess Acres</b>	0				
<b>At Will Term</b>				<b>Member</b>	<div style="border: 1px solid gray; padding: 5px; display: inline-block;"> <span style="float: right; font-size: small;">X Close</span> <p>Hi, I'm SOLO! I can help you file your Annual Report.</p> </div>				
<b>At Will Term Years</b>				<b>Pa</b>					
<b>Authorized Shares</b>	0			<b>Y</b>	Not Specified				
				<b>Entrepreneur</b>					

**Addresses**

Type	Address
<b>Local Office Address</b>	400 PATTERSON LANE CHARLESTON, WV, 25311
<b>Mailing Address</b>	PO BOX 6764 CHARLESTON, WV, 25362 USA
<b>Notice of Process Address</b>	NITA HOBBS 400 PATTERSON LANE CHARLESTON, WV, 25311
<b>Principal Office Address</b>	400 PATTERSON LANE CHARLESTON, WV, 25311 USA
Type	Address

**Officers**

Type	Name/Address
<b>Director</b>	NITA HOBBS 563 BURROUGHS STREET MORGANTOWN, WV, 26505
<b>Incorporator</b>	GEORGE W. KESSINGER 1016 WILKIE DR CHARLESTON, WV, 25301 USA
<b>Incorporator</b>	TIMOTHY J. ATKINSON 180 B. ST KEYSER, WV, 26726 USA
<b>President</b>	JOHN EMPSON 22 CAPITOL STREET CHARLESTON, WV, 25301
Type	Name/Address

**DBA**

DBA Name	Description	Date
CROSSROADS INDUSTRIES	TRADENAME	
WVARF	TRADENAME	
DBA Name	Description	Date

Hi, I'm SOLO! I can help you file your Annual Report.

Date	Amendment
------	-----------

<b>3/21/2014</b>	AMENDMENT FILED: SEE IMAGE
<b>6/4/2010</b>	FILED AMENDING BY-LAWS
<b>5/26/2009</b>	AMEND FILED ADDING 501C3 LANGUAGE AND AMENDING BYLAWS
<b>11/18/1985</b>	AMEND; BY LAWS
<b>Date</b>	<b>Amendment</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2024	
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2001	

Hi, I'm SOLO! I can help you file your Annual Report.

2000
1999
1998
<b>Date filed</b>

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

Friday, July 19, 2024 — 8:06 AM

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Hi, I'm SOLO! I can help you file your Annual Report.



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*Jul 16, 2024*



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All Words

e.g. 1606N020Q02



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Disaster Response Registry

Responsibility / Qualification

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e.g. 123456789, Smith Corp

"West Virginia Association of Rehabilitation Services" ×

Entity ∨

Location ∨

Status ∧

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Inactive

Reset 



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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>TW-09</u> Date: <u>7/19/24</u>  Solicitation No. <u>CMA DRS 23*01</u>	Agency: Division of Rehabilitation Services  Procurement Officer Submitting Requisition: Roger Green  Requisition No. CMA DRS23*1  PF No.: 1071036
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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 ( <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 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
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: \_\_\_\_\_

