



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: 10-14-2025

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 0403 0020 DBS2400000001 3	<b>Procurement Folder:</b>	1237481
<b>Document Name:</b>	Occupational Therapy Services at WVSDB	<b>Reason for Modification:</b>	Change Order 02 To Renew Contract
<b>Document Description:</b>	Occupational Therapy Services at WVSDB		
<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>	2023-07-20
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2026-07-19

VENDOR		DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000165137	<b>Requestor Name:</b>	Tabitha J Crist
BEST LIFE THERAPY LLC PO BOX 220		<b>Requestor Phone:</b>	(304) 822-4810
BRIDGEPORT WV 26330 US		<b>Requestor Email:</b>	tabitha.crist@k12.wv.us
<b>Vendor Contact Phone:</b>	999-999-9999	<div style="font-size: 48px; font-weight: bold;">2026</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION _____</div>	
<b>Extension:</b>			
<b>Discount Details:</b>			

INVOICE TO	SHIP TO
ACCOUNTS PAYABLE SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST ROMNEY WV 26757-1894 US	CENTRAL SUPPLY SCHOOL FOR THE DEAF & BLIND 301 EAST MAIN ST ROMNEY WV 26757-1894 US

*CR 10-16-25*

Purchasing Division's File Copy

<b>Total Order Amount:</b>	Open End
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*JA 10/15/25*  
**PURCHASING DIVISION AUTHORIZATION**  
**DATE:** *JA 10-15-25*  
**ELECTRONIC SIGNATURE ON FILE**

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

**ENCUMBRANCE CERTIFICATION**  
*Cody Kelle*  
**DATE:** *10-21-25*  
**ELECTRONIC SIGNATURE ON FILE**

*10/21/2025*

**Extended Description:**

Change Order

Change Order No. 02 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 July 20, 2025, through July 19, 2026.

Renewal Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85122102			HOUR	77.000000
	<b>Service From</b>	<b>Service To</b>			<b>Service Contract Amount</b>
					0.00

**Commodity Line Description:** Occupational therapy services

**Extended Description:**

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85122102			HOUR	77.000000
	<b>Service From</b>	<b>Service To</b>			<b>Service Contract Amount</b>
					0.00

**Commodity Line Description:** Occupational therapy services - case management

**Extended Description:**



Est. 1870

301 EAST MAIN STREET • ROMNEY, WEST VIRGINIA 26757

July 1, 2025

Rhea Dyer  
Po Box 220  
Bridgeport, WV 26330

Subject: CMA 0403 DBS 2400000001 Contract Renewal – Change Order No. 2  
Occupational Therapy Services at WWSDB

The West Virginia School for the Deaf and Blind is offering to renew the subject contract under the same terms, conditions, pricing and specifications as contained in the original contract and all approved change orders. The renewal dates are July 20, 2025 through July 19, 2026. If you agree to this renewal, please sign below and return to my attention as soon as possible.

Remaining renewals: 1 (one)

Please call if you have any questions.

Very truly yours,

Tabitha J. Crist  
CFO  
West Virginia School for the Deaf and Blind

*\*Vendor signature required below*

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Rhea Dyer

9/2/25

Vendor Name / Signature

Date

Authorized Representative

Title



*OK JJA 10.15.25*

Est. 1870

301 EAST MAIN STREET • ROMNEY, WEST VIRGINIA 26757

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**From:** Tabitha Crist, West Virginia Schools for the Deaf and the Blind

**Date:** October 10, 2025

*TJC*

**Subject:** Backdate Justification CMA DBS 24 001

West Virginia Schools for the Deaf and the Blind sent the renewal letter to the vendor in July. We had to follow up several times to receive an answer if they were going to renew. This is a contract for direct services that are required for our students. Best Life is one of very few vendors who provide this service in our area.

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### 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.*

### BEST LIFE THERAPY LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	5/11/2009		5/11/2009	Domestic	Profit		2/20/2024	Merger

Organization Information			
<b>Business Purpose</b>	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)		<b>Capital Stock</b>
<b>Charter County</b>	Harrison	<b>Control Number</b>	0
<b>Charter State</b>	WV	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Designated Office Address</b>	243 RUFFED GROUSE DRIVE BRIDGEPORT, WV, 26330
<b>Mailing Address</b>	PO BOX 220 BRIDGEPORT, WV, 26330 USA
<b>Notice of Process Address</b>	RHEA L. DYER PO BOX 220 BRIDGEPORT, WV, 26330
<b>Principal Office Address</b>	243 RUFFED GROUSE DRIVE BRIDGEPORT, WV, 26330 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Member</b>	RHEA DYER 721 BRIGHTRIDGE DRIVE BRIDGEPORT, WV, 26330
<b>Organizer</b>	JEANNINE LAFFERTY RT 1 BOX 299-91 MOUNT CLARE, WV, 26408
<b>Type</b>	<b>Name/Address</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2023	
2022	
2021	
2020	
2019	
2018	
2017	
2016	

2015
2014
2013
2012
2011
2010
<b>Date filed</b>

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

Tuesday, October 14, 2025 — 10:44 AM

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All Words

e.g. 1606N020Q02

Filter By

Keyword Search

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Simple Search

Search Editor

Any Words *i*

All Words *i*

Exact Phrase *i*

e.g. 123456789, Smith Corp

"BEST LIFE THERAPY LLC" x

Entity

Location

Status

Active

Inactive

Reset

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q...



# No matches found

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>12</u> Date: <u>10/15/25</u>	Agency: WVSDDB
Solicitation No. <u>CO#2</u>	Procurement Officer Submitting Requisition: Tabitha J Crist
	Requisition No. CMA DBS 24 001
	PF No.: 1237481

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"/> n/a
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/> n/a
<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: \_\_\_\_\_

