



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Contract

Order Date: 01-12-2026

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:	CCT 0214 4251 SUR240000001 5	Procurement Folder:	1369270
Document Name:	Point of Sale Inventory System Maintenance and Support	Reason for Modification:	CHANGE ORDER 4 TO RENEW CONTRACT
Document Description:	Maintenance and Support		
Procurement Type:	Central Sole Source		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Effective Start Date:	2024-03-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-02-28

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000002355	Requestor Name:	Dana S Hoffman
Web Data Corporation PO Box 428 Gordonsville VA 22942-0428 US		Requestor Phone:	(304) 766-2626
Vendor Contact Phone:	520-297-3623	Requestor Email:	dana.s.hoffman@wv.gov
Extension:	1	2026 FILE LOCATION _____	
Discount Details:			
	Discount Allowed	Discount Percentage	Discount Days
#1	No	0.0000	0
#2	Not Entered		
#3	Not Entered		
#4	Not Entered		

INVOICE TO	SHIP TO
ADMINISTRATIVE SERVICES MANAGER DEPARTMENT OF ADMINISTRATION SURPLUS PROPERTY 2700 CHARLES AVE DUNBAR WV 25064-2236 US	ADMINISTRATIVE SERVICES MANAGER DEPARTMENT OF ADMINISTRATION SURPLUS PROPERTY 2700 CHARLES AVE DUNBAR WV 25064 US

1/14/26 GC

Purchasing Division's File Copy

Total Order Amount:	\$37,500.00
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PR 1/12/2026

PURCHASING DIVISION AUTHORIZATION DATE: <i>Tara</i> 1/15/26 ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>John S. Gray</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION DATE: <i>DL</i> 1/15/26 ELECTRONIC SIGNATURE ON FILE
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1/15/2026

Extended Description:

CHANGE ORDER 4

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: 03/01/2026 THROUGH 02/28/2027

RENEWAL YEARS REMAINING: 2

ALL PROVISIONS OF THE ORIGINAL CONTRACT AND SUBSEQUENT CHANGE ORDERS NOT MODIFIED HEREIN SHALL REMAIN IN FULL FORCE AND EFFECT.

NO OTHER CHANGES

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	43230000	0.00000		0.000000	\$12,500.00
Service From	Service To	Manufacturer		Model No	
2024-03-01	2025-02-28				

Commodity Line Description: Point of Sale Inventory System Maintenance and Support

Extended Description:

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	43230000	0.00000		0.000000	\$0.00
Service From	Service To	Manufacturer		Model No	
2024-08-16	2025-02-27				

Commodity Line Description: One Time Payment - GSA SF123 Documentation Software Upgrade

Extended Description:

Removed from contract by Change Order No. 3

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	43230000	0.00000		0.000000	\$12,500.00
Service From	Service To	Manufacturer		Model No	
2025-03-01	2026-02-28				

Commodity Line Description: Point of Sale Inventory System Maintenance and Support

Extended Description:

Year 2 Maintenance and Support Renewal

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	43230000	0.00000		0.000000	\$12,500.00
Service From	Service To	Manufacturer		Model No	
2026-03-01	2027-02-28				

Commodity Line Description: Point of Sale Inventory System Maintenance and Support

Extended Description:

Year 2 Maintenance and Support Renewal



ERIC L. HOUSEHOLDER
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

SAMANTHA WILLIS
PURCHASING DIRECTOR

WEST VIRGINIA STATE AGENCY FOR SURPLUS PROPERTY

January 9th, 2026

Web Data Corporation
Attn: Gordon Bennett, CEO
P. O. Box 428
Gordonsville, VA 22942

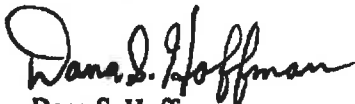
SUBJECT: Contract CCT SUR2400000001 Renewal

Dear Mr. Bennett:

The West Virginia State Agency for Surplus Property would like to renew contract CCT SUR2400000001, that is set to expire on 02-28-2026, under the same original terms, conditions, change orders and pricing stated in the contract. This will be for a renewal period of one year.

If your company agrees with this renewal, please sign below, and return the original to my attention as soon as possible.

Sincerely,


Dana S. Hoffman
Procurement Specialist
(304) 766-2626

Attachment

We, the above vendor, agree to the renewal of the contract under the same terms, conditions and pricing in the original purchase order and any change orders thereto.


Name/Signature

1/9/2026
Date


Title

2700 CHARLES AVENUE • DUNBAR, WEST VIRGINIA 25064 • (304) 766-2626 • FAX: (304) 766-2631

WVSurplus.gov



Revolutionary FAR Overhaul Impacts to SAM.gov [Show Details](#)
Aug 15, 2025



[See All Alerts](#)

Records Retention Policy Impacts Old SAM Registration Data [Show Details](#)
May 21, 2025



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e.g. 1606N020Q02

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Simple Search

Search Editor

- Any Words (i)
- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"Web Data Corporation" ×

Entity ▼

Location ▼

Status ▲

- Active
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Business Organization Detail

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WEB DATA CORPORATION

Organization Information

Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	11/21/2018		11/21/2018	Foreign	Profit			

Organization Information

Business Purpose	5182 - Information - Data Processing, Hosting, and Related Services - Data Processing, Hosting and Related Services	Capital Stock
Charter County		Control Number 0
Charter State VA		Excess Acres
At Will Term		Member Managed
At Will Term Years		Par Value
Authorized Shares		Young Entrepreneur Not Specified

Addresses

Type	Address
Designated Office Address	P.O. BOX 428 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942
Notice of Process Address	GORDON BENNETT 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942
Principal Office Address	P O BOX 428 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942 USA
Principal Office Mailing Address	P O BOX 428 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942 USA
Type	Address

Officers

Type	Name/Address
Director	MELINDA MALLON P.O. BOX 428 GORDONSVILLE, VA, 22942
Director	BRIAN MALLON P.O. BOX 428 GORDONSVILLE, VA, 22942
President	BRIAN MALLON P O BOX 428 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942
Secretary	MELINDA MALLON P.O. BOX 428 7651 HAPPY CREEK ROAD GORDONSVILLE, VA, 22942
Type	Name/Address

Annual Reports
Filed For
2025
2024
2023
2022
2021
2020
2019
Date filed

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

Monday, January 12, 2026 — 3:12 PM

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Loudoun Insurance Group, LLC 5 Wirt Street SW #300 Leesburg VA 20175	CONTACT NAME: PHONE (A/C, No, Ext): 703-777-8118 FAX (A/C, No): 703-777-8779 E-MAIL ADDRESS: coi@loudouninsurancegroup.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Web Data Corporation PO Box 428 Gordonsville VA 22942	WEBSITE: WEBDATA-01	INSURER A: United States Liability Ins Co NAIC # 25895
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 1292123155 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MTK1557425J	2/20/2025	2/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Cyber Liab \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MTK1557425J	2/20/2025	2/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Professional Liability			MTK1557425J	2/20/2025	2/20/2026	BPP Occ/Agg 100,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WV Department of Administration is included as an additional insured with respect to General Liability as required by written contract or agreement.

CERTIFICATE HOLDER WV Dept of Administration Purchasing Division State Capitol Complex 2019 Washington St, East Charleston WV 25305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husband</u> Date: <u>11/3/26</u>	Agency:
Solicitation No. <u>CATSUR24*01</u>	Procurement Officer Submitting Requisition:
<u>Coty Renew</u>	Requisition No.
	PF No.:

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 www.state.wv.us/admin/purchase/TCP.pdf	<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
10	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"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input 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: Christel Husted