



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: 03-11-2026

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:	CMA 0506 2937 CME2500000003 2	Procurement Folder:	1555418
Document Name:	BODY BAGS	Reason for Modification:	CO1 TO RENEW THE CONTRACT
Document Description:	BODY BAGS		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2025-03-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-03-14

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	000000175490	Requestor Name:	Courtney M Buskirk
SALAM INTERNATIONAL INC 19781 Pauling		Requestor Phone:	304-352-4853
Foothill Ranch CA 92610-2606 US		Requestor Email:	courtney.m.buskirk@wv.gov
Vendor Contact Phone:	949-699-3663 Extension:	<div style="font-size: 48px; font-weight: bold; margin: 0;">2026</div> <div style="margin: 5px 0;">FILE LOCATION _____</div>	
Discount Details:			
Discount Allowed	Discount Percentage Discount Days		
#1 No	0.0000 0		
#2 No			
#3 No			
#4 No			

INVOICE TO	SHIP TO
PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH OFFICE CHIEF MEDICAL EXAMINER 619 VIRGINIA ST WEST CHARLESTON WV 25302 US	PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH OFFICE CHIEF MEDICAL EXAMINER 619 VIRGINIA ST W CHARLESTON WV 25302 US

CR 3-13-26
 Purchasing Division's File Copy

Total Order Amount:	Open End
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CA 3/11/26
PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya 3/12/26*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *[Signature]*
 ELECTRONIC SIGNATURE ON FILE
3/19/2026

ENCUMBRANCE CERTIFICATION
[Signature]
 DATE: *3-14-26*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

CHANGE ORDER 1

TO RENEW THE ORIGINAL CONTRACT ACCORDING TO ALL TERMS, CONDITIONS, PRICES AND SPECIFICATIONS CONTAINED IN THE ORIGINAL CONTRACT INCLUDING ALL AUTHORIZED CHANGE ORDERS.

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

EFFECTIVE DATE OF RENEWAL: 3/15/2026 THROUGH 3/14/2027

RENEWAL YEARS REMAINING: 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42261602			EA	4.430000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-PrenatalYR1

Extended Description:

Prenatal Body Bags Year 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	42261602			EA	4.430000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-InfantYR1

Extended Description:

Infant Body Bags Year 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	42261602			EA	6.680000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-ChildYR1

Extended Description:

Child Body Bag Year 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	42261602			EA	8.710000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical body bag-Adult LargeYR1

Extended Description:

Adult Large Body Bag Year 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	42261602			EA	13.430000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical body bag-Adult X-LargeYR1

Extended Description:
Adult XL Body Bag Year 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	42261602			EA	4.560000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-PrenatalYR2

Extended Description:
Prenatal Body Bags Year 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	42261602			EA	4.560000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-InfantYR2

Extended Description:
Infant Body Bags Year 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	42261602			EA	6.880000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Body Bag-ChildYR2

Extended Description:
Child Body Bag Year 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	42261602			EA	8.970000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical body bag-Adult LargeYR2

Extended Description:
Adult Large Body Bag Year 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	42261602			EA	13.830000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical body bag-Adult X-LargeYR2

Extended Description:
Adult XL Body Bag Year 2



SALAM INTERNATIONAL, INC.

Precision Instruments, Pathology, Morgue, & Funeral Home Equipment & Supplies

3/9/2026

To: State of West Virginia
Division of Purchasing

RE: CONTRACT RENEWAL – Contract # CMA 0506-2937 CME 2500000003

Salam International, Inc. agrees to renew the above referenced contract, for the period of 3/15/2026 through 3/14/2027, according to all terms, conditions, prices (subject to year three pricing from the original bid package- see attached quote), and specifications contained in the original contract including any authorized change orders.

David W. Cameron
Executive Vice President

Agreed



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH
Office of the Chief Medical Examiner

Arvin Singh, EdD, MBA, MPH, MS, FACHE
Cabinet Secretary

Matt Izzo, BA, MS
Chief Administrator

February 26, 2026

WV Department of Health
Attention: Central Finance / Purchasing
One Davis Square
Charleston, West Virginia 25301

REF: Renewal of CME250000003 Salam International (Body Bags)

Dear Sir or Madame:

This memorandum shall serve as the justification for the renewal of CME2500000003 Salam Interventional Inc. contract, from 3/15/2026 through 3/14/2027.

The Office of the Chief Medical Examiner (OCME) requires the purchase of Medical Body bags for prenatal, infants, children, and adult large and extra-large bags. These medical bags are needed to protect evidence during body transport: storage and the bags protect against the transfer of clinical diseases and biologics.

If you have any questions or need additional information, please call me at 304-558-6920 ext. 24349 or by email at andrew.t.johnson@wv.gov.

Respectfully,

A handwritten signature in cursive script that reads "Andrew Johnson".

Andrew Johnson, Procurement Specialist
WV Office of the Chief Medical Examiner





Scheduled SAM Maintenance [Show Details](#)
Mar 9, 2026



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

"salam international inc" ×

Entity ∨

Location ∨

Status ∧

- Active
- Inactive

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Business Organization Detail

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SALAM INTERNATIONAL, INC.

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C Corporation	10/20/2016		10/20/2016	Foreign	Profit				

Organization Information		
Business Purpose	3261 - Manufacturing - Plastics and Rubber Products Manufacturing - Plastic Products Manufacturing (bags & punches, unlaminated film & sheet, pipe, pipe fittings, polystyrene foam, urethane, bottle, plastic plumbing fixtures)	
Charter County	Capital Stock	
Charter State	CA	Control Number
At Will Term	Excess Acres	
At Will Term Years	Member Managed	
Authorized Shares	Par Value	Young Entrepreneur
		Not Specified

Addresses	
Type	Address
Designated Office Address	19781 PAULING FOOTHILL RANCH, CA, 926102606
Notice of Process Address	SALAM INTERNATIONAL, INC. 19781 PAULING FOOTHILL RANCH, CA, 926102606
Principal Office Address	19781 PAULING FOOTHILL RANCH, CA, 926102606 USA
Principal Office Mailing Address	19781 PAULING FOOTHILL RANCH, CA, 926102606 USA
Type	Address

Officers	
Type	Name/Address

President	ABDUL SALAM 19781 PAULING FOOTHILL RANCH, CA, 92610
Vice-President	LORIE PRICHARD 19781 PAULING FOOTHILL RANCH, CA, 92610
Type	Name/Address

Annual Reports	
Filed For	Date filed
2026	
2025	
2024	
2023	
2022	
2021	
2020	
2019	
2018	
2017	

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

Wednesday, March 11, 2026 — 2:18 PM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>3/10/26</u>	Agency: OCME
Solicitation No. <u>CMA CME25*03</u> <u>CO#1 Renew</u>	Procurement Officer Submitting Requisition: Courtney Buskirk
	Requisition No. CMA CME2500000003 CO1
	PF No.: 1555418

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 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 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 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: _____

Christine A. Husted