



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: 04-29-2026

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 VNF2300000013 6	<b>Procurement Folder:</b>	1205676
<b>Document Name:</b>	Chiller and HVAC Maintenance	<b>Reason for Modification:</b>	Change Order No. 04 To Renew Contract
<b>Document Description:</b>	(Construction) Chiller and HVAC Maintenance		
<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>	2023-06-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2027-05-31

VENDOR		DEPARTMENT CONTACT		
<b>Vendor Customer Code:</b>	000000202408	<b>Requestor Name:</b>	Michael A Clevenger	
CASTO TECHNICAL SERVICES INC 540 LEON SULLIVAN WAY		<b>Requestor Phone:</b>	304-626-1600	
CHARLESTON WV 25301		<b>Requestor Email:</b>	michaelclevenger06@gmail.com	
US		<div style="font-size: 48px; font-weight: bold;">2026</div> <div style="font-weight: bold;">FILE LOCATION _____</div>		
<b>Vendor Contact Phone:</b>	999-999-9999			<b>Extension:</b>
<b>Discount Details:</b>				
<b>#1</b>	No	0.0000	0	
<b>#2</b>	No			
<b>#3</b>	No			
<b>#4</b>	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

*4/30/2026*

**Total Order Amount:** \_\_\_\_\_ **Open End**

Purchasing Division's File Copy

*JR*  
**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tarah 4/30/26*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John S. Gray*  
 ELECTRONIC SIGNATURE ON FILE  
*5/4/2026*

**ENCUMBRANCE CERTIFICATION**  
*Body 4/26/26*  
 DATE: *5-5-26*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No. 04 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 6/1/2026 through 5/31/2027.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72151207				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-06-01	2027-05-31		95000.00	

**Commodity Line Description:** Chiller and HVAC Maintenance

**Extended Description:**

See attached pricing page



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

April 23, 2026

April Dunlap  
Casto Technical Services Inc.  
540 Leon Sullivan Way  
Charleston, WV 25301

RE: Renewal CMA 0613 9905 VNF23\*13

Dear Ms. Dunlap,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 6/1/2026 to 5/31/2027. 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 April Dunlap  
SIGNATURE

4/24/2026

DATE

\_\_\_\_\_  
PRINT NAME



Search

All Words

e.g. 1606N020Q02

Filter By

Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

Any Words

All Words

Exact Phrase

e.g. 123456789, Smith Corp

"Casto Technical Services"

Entity

Location

Status

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Entity Information



All Entity Information

Entities

Disaster Response Registry

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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.*

### CASTO TECHNICAL SERVICES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	9/21/1973		9/21/1973	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	8113 - Other Services (except Public Administration) - Repair and Maintenance - Commercial and Industrial Machinery and Equipment (exe Auto and Elec) Repair and Maintenance		<b>Capital Stock</b> 50000.0000
<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 Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	0.100000
<b>Authorized Shares</b>	500000	<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Designated Office Address</b>	540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
<b>Notice of Process Address</b>	CHRISTINA SMITH 540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
<b>Principal Office Address</b>	540 LEON SULLIVAN WAY CHARLESTON, WV, 25301 USA
<b>Principal Office Mailing Address</b>	P.O. BOX 627 CHARLESTON, WV, 25322 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Director</b>	TIMOTHY SNEERINGER PO BOX 627 CHARLESTON, WV, 25322
<b>President</b>	TIMOTHY SNEERINGER PO BOX 641 GREAT BARRINGTON, MA, 01230
<b>Secretary</b>	CHRISTINA SMITH 540 LEON SULLIVAN WAY CHARLESTON, WV, 25301
<b>Type</b>	<b>Name/Address</b>

<b>Date</b>	<b>Amendment</b>
<b>11/12/2020</b>	B4WV Other Change: AMENDED AND RESTATED ARTICLES OF INCORPORATION OF CASTO TECHNICAL SERVICES, INC. I. Name. The name of the corporation is Casto Technical Services, Inc. (the "Corporation"). II. Address. The address of the principal office of the Corporation is 540 Leon Sullivan Way, Charleston, WV 25301, or at some other place within the United States, as the board of directors from time to time shall designate. III. Mailing Address. The mailing address of the above location is P. O. Box 627, Charleston, WV 25322. IV. Email Address. The email address where informational notices and reminders of annual filings may be sent is csmith@castotech.com. V. Existence. The existence of the Corporation is perpetual. VI. Authorized Shares. The Corporation is authorized to issue only one class of stock consisting of not more than 500,000.00 shares with a value of (\$0.10) per share. The Corporation shall issue all of the shares without certificates. VII. Purposes. The purpose of the Corporation is to engage in any or all lawful business or activity for which corporations may be incorporated in West Virginia. VIII. Incorporator. The name and address of

the original incorporators of the Corporation are Harry N. Casto and W. E. Mohler, neither of whom are affiliated with the Corporation as of the date of these Amended and Restated Articles of Incorporation and are deceased. IX. Agent. The name and address of the person (agent) to whom notice of process may be sent is Christina Smith, 540 Leon Sullivan Way, Charleston, WV 25301. X. Directors. The Corporation shall have a board of directors consisting of one (1) to five (5) directors. The directors shall be elected at each annual meeting of the shareholders. Directors need not be shareholders of the corporation nor residents of the State of West Virginia. The board of directors may not increase or decrease the number of directors. XI: Limitation on Director Liability. Directors shall have no personal liability to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a Director: Provided, this Article shall not eliminate or limit the liability of a Director: (A) for any breach of the Director's duty of loyalty to the Corporation or its stockholders; (B) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (C) for unlawful distributions as described in the Act; or (D) for any transaction from which the Director derived an improper personal benefit. XII: Indemnification of Directors. The Corporation shall indemnify a Director for liability, as that term is defined W. Va. Code § 31D-8-850, to any person for any action taken, or any failure to take any action, as a Director except liability for: (A) receipt of a financial benefit to which he or she is not entitled; (B) an intentional infliction of harm on the Corporation or its shareholders; (C) for unlawful distributions as described in the Act; or (D) an intentional violation of criminal law.

<b>10/21/2010</b>	AMENDMENT FILED (CHANGES TO STOCK & SHARES)...SEE IMAGE
<b>2/3/1983</b>	CHANGE OF NAME FROM CASTO-TRANE SERVICE AGENCY, INC.
<b>Date</b>	<b>Amendment</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2026	
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, April 29, 2026 — 9:26 AM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u># 13</u> Date: <u>4/29/2026</u>	Agency: WVNF
Solicitation No. <u>CMA VNF 23*13</u>	Procurement Officer Submitting Requisition: Micahael Clevenger
<u>CO# 4</u> <u>Renew</u>	Requisition No. CMA VNF23*13
	PF No.: 1205676

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:**      Provided, if Required      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				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<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 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 type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	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: \_\_\_\_\_