



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: 04-14-2026

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 0907 0907 RNB2300000001 4	Procurement Folder:	1209847
Document Name:	NURSE HEALTH PROGRAMS EXPANSION INITIATIVE "CARE FOR NURSES"	Reason for Modification:	Change Order No. 3 To renew contract.
Document Description:	NURSE HEALTH PROGRAMS EXPANSION INITIATIVE "CARE FOR NURSES"		
Procurement Type:	Central Sole Source		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-04-21
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-04-20

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000019670	Requestor Name:	Margaret E Alston
BIRCHWOOD SOLUTIONS LLC PO Box 254		Requestor Phone:	(304) 558-3596
Franklin TN 37065-0254 US		Requestor Email:	margaret.e.alston@wv.gov
Vendor Contact Phone:	813-334-5070	Extension:	
Discount Details:			
	Discount Allowed	Discount Percentage	Discount Days
#1	No	0.0000	0
#2	No		
#3	No		
#4	No		

2026
 FILE LOCATION _____

INVOICE TO	SHIP TO
WV BOARD OF REGISTERED NURSES REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US	WV BOARD OF REGISTERED NURSES REGISTERED PROFESSIONAL NURSES 5001 MACCORKLE AVE SW SOUTH CHARLESTON WV 25309 US

CR 4-21-26

Total Order Amount:	Open End
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Purchasing Division's File Copy

RM 4/20/26

PURCHASING DIVISION AUTHORIZATION
 DATE: *M. [Signature] - 4/15/2026*
 ELECTRONIC SIGNATURE ON FILE

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

ENCUMBRANCE CERTIFICATION
[Signature]
 DATE: *4-22-26*
 ELECTRONIC SIGNATURE ON FILE

4/22/2026

Extended Description:

Change Order

Change Order No. 3 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 04/21/2026 through 4/20/2027

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121700			MO	13033.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Care For Nurses Health Program Expansion Initiative

Extended Description:

Provide weekly facilitated support groups for up to 250 WV Nurses

Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrbboard.wv.gov



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

**WEST VIRGINIA
BOARD OF REGISTERED NURSES**
5001 MacCorkle Avenue, SW
South Charleston, WV 25309

April 3, 2026

Elizabeth Temple, CEO
Birchwood Solutions, LLC
342 B. Main St. Ste. 204
Franklin, TN 37064

Subject: RENEWAL OF ^{CMA}ACT RNB230000001 – Nurse Health Programs Expansion Initiative
“Care For Nurses”.

Dear Ms. Temple:

The WV Board of Registered Nurses is informing Birchwood Solutions LLC that we would like to continue receiving the valuable services offered under the above-referenced contract.

Change Order No. 3 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 is 4/21/2026 through 4/20/2027.

Renewal Years Remaining: 0

No other changes.

Signed:

Handwritten signature of Margaret E. Alston in blue ink.

Margaret Alston
Director of Finance and Operations
WV Board of Registered Nurses

Handwritten signature of Elizabeth Temple in blue ink.

Elizabeth Temple
CEO
Birchwood Solutions, LLC

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Business and Licensing

Online Data Services Help

Business Organization Detail

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BIRCHWOOD SOLUTIONS, LLC

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
LLC Limited Liability Company	12/19/2019		12/19/2019	Foreign	Profit				

Organization Information			
Business Purpose	6117 - Educational Services - Educational Services - Educational Support Services		Capital Stock
Charter County			Control Number
Charter State	TN	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years	Par Value		
Authorized Shares	Young Entrepreneur		No

Addresses	
Type	Address
Designated Office Address	99 E MAIN STREET STE 200 FRANKLIN, TN, 37064 <i>* see attached</i>
Notice of Process Address	BRIAN BOYD 214 OVERLOOK CIRCLE STE 275 BRENTWOOD, TN, 37027
Principal Office Address	99 E MAIN ST STE 200, BOX 15 FRANKLIN, TN, 37064 USA

Principal Office Mailing Address	PO BOX 361 ARRINGTON, TN, 37014 USA
Type	Address

Officers	
Type	Name/Address
Member	ELIZABETH TEMPLE 1363 CAROLINE CIRCLE FRANKLIN, TN, 37064
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
BIRCHWOOD SOLUTIONS	TRADENAME	12/19/2019	
DBA Name	Description	Effective Date	Termination Date

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

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

Wednesday, April 15, 2026 — 11:38 AM

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Vendor/Customer

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Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
<input checked="" type="checkbox"/> Payment	342 B MAIN ST STE 204	FRANKLIN	TN	37064	
<input type="checkbox"/> Ordering	342 B MAIN ST STE 204	FRANKLIN	TN	37064	
<input type="checkbox"/> Billing	PO Box 254	Franklin	TN	37065-0254	Elizabeth Temple
<input checked="" type="checkbox"/> Payment	PO Box 254	Franklin	TN	37065-0254	Elizabeth Temple
<input type="checkbox"/> Ordering	PO Box 254	Franklin	TN	37065-0254	Elizabeth Temple
<input type="checkbox"/> Web Registrar	PO Box 254	Franklin	TN	37065-0254	Elizabeth Temple
<input checked="" type="checkbox"/> Billing	99 E Main Ste., Ste 200	Franklin	TN	37064	Elizabeth Temple
<input type="checkbox"/> Ordering	99 E MAIN ST., STE 200	FRANKLIN	TN	37064	Elizabeth Temple
<input type="checkbox"/> Payment	PO BOX 361	ARRINGTON	TN	37014	ELIZABETH TEMPLE

First Prev Next Last

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Vendor/Customer : VS0000019670
BIRCHWOOD SOLUTIONS LLC

Active From : 08/13/2019

Active To :

Address Type : Payment

Default Record :

Division/Department :

Mail Returned :

Additional Address Info. :

Active Address : Yes

Prevent New Spending :

Default Currency : USD - US Dollar

Address Information

Address ID : AD000001

Country Phone Code : 1

Street 1 : 342 B MAIN ST STE 204

Phone : 000-000-0000

Street 2 :

Phone Extension :

City : FRANKLIN

County :

State/Province : TN

County Name :

Zip/Postal Code : 37064

Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

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Simple Search

Search Editor

- Any Words i
- All Words i
- Exact Phrase i

e.g. 123456789, Smith Corp

"BIRCHWOOD SOLUTIONS, LLC" x

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

- Ineligible (Proceedings Pending)
- Ineligible (Proceedings Complete)
- Prohibition/Restriction
- Voluntary Exclusion

Exclusion Program

Location

Dates

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>[Signature]</u> Date: <u>4/20/20</u> Solicitation No. <u>CMA RNB23*01 c/03</u>	Agency: <u>West Virginia Board of Registered Nurses</u> Procurement Officer Submitting Requisition: <u>Margaret Alston</u> Requisition No. <u>CMA RNB23*01</u> PF No.: <u>1209847</u>
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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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____

