



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: 11-17-2025

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 0603 8330 ADJ2500000004 2	Procurement Folder:	1529919
Document Name:	Medical Services for MCAS Cadets	Reason for Modification:	Change Order 01: To Renew Contract
Document Description:	Medical Services for MCAS 24MCAS-031		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-11-25
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-11-24

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 00000200445 MONTGOMERY GENERAL HOSPITAL INC 401 6TH AVE MONTGOMERY WV 25136 US Vendor Contact Phone: 304-442-7424 Extension:	Requestor Name: Richard W Hensley Requestor Phone: 304-415-0723 Requestor Email: richard.w.hensley@wv.gov																				
Discount Details: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			<div style="font-size: 48px; font-weight: bold; margin: 0;">2026</div> <div style="font-weight: bold; margin: 5px 0;">FILE LOCATION _____</div>
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
STATE FINANCE ADJUTANT GENERALS OFFICE 1703 COONSKIN DR CHARLESTON WV 25311-1085 US	MOUNTAINEER CHALLENGE PROGRAM - SOUTH ADJUTANT GENERALS OFFICE 305 FAYETTE PIKE MONTGOMERY WV 25136 US

CR 11-18-25

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

DKO 11/17/25

PURCHASING DIVISION AUTHORIZATION
DATE: Twaiffe 11/18/25
ELECTRONIC SIGNATURE ON FILE

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

11/19/2025

ENCUMBRANCE CERTIFICATION
DATE: Cody Young
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 01 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: November 25, 2025, through November 24, 2026.

Renewal Years/Months Remaining: 2 years

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121500			HOUR	24.000000
	Service From	Service To		Service Contract Amount	
	2024-11-25	2026-11-24		0.00	

Commodity Line Description: Cadet Medical Services
Nurse

Extended Description:

See attached Exhibit "A" Pricing page

Medical Services -
Nursing hourly rate

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85121500			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
	2024-11-25	2026-11-24		0.00	

Commodity Line Description: Cadet Medical Services
Physician

Extended Description:

See attached Exhibit "A" Pricing page

Medical Services -
Physician hourly rate



STATE OF WEST VIRGINIA
OFFICE OF THE ADJUTANT GENERAL
1703 COONSKIN DRIVE
CHARLESTON, WEST VIRGINIA 25311-1085

October 24, 2025

ATTN: Donna Raynes
Montgomery General Hospital, Inc.
401 6th Avenue
Montgomery, WV 25136

REF: CMA ADJ2500000004 - Change Order No. 01 - Medical Services for MCAS Cadets

Dear Ms. Raynes:

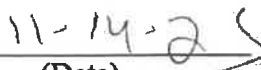
Our current contract expires on November 24, 2025. If you agree to renew the original contract prices according to all terms, conditions, and specifications contained in the original contract and all authorized change orders for the period noted below, please sign and date at the bottom of this document.

Effective Date of renewal: November 25, 2025 to November 24, 2026.

Renewals remaining: 2



(Authorized Signature)



(Date)

If you have any questions regarding this request for documentation, please contact me.

Sincerely,



Cara M. Suppa
Procurement Analyst, MCA
WV ADJ GEN/WVMA
304-561-6481

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Business Organization Detail

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MONTGOMERY GENERAL HOSPITAL, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	8/23/1940		8/23/1940	Domestic	Non-Profit			

Organization Information			
Business Purpose	6221 - Health Care and Social Assistance - Hospitals - General Medical and Surgical Hospitals	Capital Stock	0.0000
Charter County	Fayette	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	401 SIXTH AVENUE MONTGOMERY, WV, 25136
Mailing Address	401 SIXTH AVENUE MONTGOMERY, WV, 25136 USA
Notice of Process Address	DEBORAH HILL PO BOX 270 MONTGOMERY, WV, 25136
Principal Office Address	401 SIXTH AVE. MONTGOMERY, WV, 25136 USA
Type	Address

Officers	
Type	Name/Address
Incorporator	WILLIAM R. LAIRD MONTGOMERY, WV, 25136
Incorporator	R.H. JONES SAME AS ABOVE
President	DEBORAH HILL 401 SIXTH AVENUE MONTGOMERY, WV, 25136
Secretary	DEANNA VALENTINE 401 SIXTH AVENUE MONTGOMERY, WV, 25136
Treasurer	JOYCE BROWN 401 SIXTH AVENUE MONTGOMERY, WV, 25136
Type	Name/Address

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X Close

DBA			
DBA Name	Description	Effective Date	Termination Date
GAULEY BRIDGE HEALTH CENTER	TRADENAME	2/28/2001	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
7/10/1984	RESTATED ART OF INC, AND CHANGE OF NAME FROM; LAIRD FOUNDATI ON, INCORPORATED
Date	Amendment

Annual Reports	
Filed For	Date filed
2025	
2024	
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For more information, please contact the Secretary of State's Office at 304-558-8000.

× Close

Monday, November 17, 2025 — 12:52 PM

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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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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. 1606N020Q02

"montgomery general hospital" ×

Federal Organizations

Enter Code or Name ▼



Status ^

- Active
- Inactive

Reset

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Contracting

Federal Assistance

Entity Information

Federal Hierarchy

Wage Determinations

No matches found

Your search did not return any results.

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Sign In

Would you like to include inactive records in your search results?

Yes

Go Back

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>11/17/25</u> Solicitation No. <u>CMA ADJ25*04</u> CO#1 Renew	Agency: Adjutant General's Office Procurement Officer Submitting Requisition: Cara M. Suppa Requisition No. CMA ADJ2500000004 - CO#1 Medical Services for MCAS Cadets PF No.: 1529919
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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 checked="" type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: David Pauline