

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
BG1900684

FY 23	Buyer JH	Date 9/29/2022	Account Various	P.O. Date 8/9/2018	Contract BG1900684
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input type="checkbox"/> Open End Contract Purchase <input checked="" type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. Big Green Scholarship Foundation Inc PO Box 1360 Huntington, WV 25715	Vendor Code 550631935	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 304-696-4661	Fax	FEIN# 550631935

Item#	Quantity	Description of Change	Unit Price	Extended Price															
		<p align="center">Change Order # 9</p> <p>To modify contract BG1900684 according to all terms, conditions, and specifications contained in the original contract and all authorized change orders by increasing the per diem meal rates as adjusted for inflation.</p> <p align="center">Student Athlete Cash Advances</p> <table border="1"> <thead> <tr> <th></th> <th>Changed From:</th> <th>To Read As:</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>\$ 7.00</td> <td>\$ 10.00</td> </tr> <tr> <td>Lunch</td> <td>\$ 8.00</td> <td>\$ 10.00</td> </tr> <tr> <td>Dinner</td> <td>\$ 15.00</td> <td>\$ 20.00</td> </tr> <tr> <td>Release Money</td> <td>\$ 15.00</td> <td>\$ 20.00</td> </tr> </tbody> </table> <p>Effective Date(s): July 1, 2022 - June 30, 2023</p>		Changed From:	To Read As:	Breakfast	\$ 7.00	\$ 10.00	Lunch	\$ 8.00	\$ 10.00	Dinner	\$ 15.00	\$ 20.00	Release Money	\$ 15.00	\$ 20.00		
	Changed From:	To Read As:																	
Breakfast	\$ 7.00	\$ 10.00																	
Lunch	\$ 8.00	\$ 10.00																	
Dinner	\$ 15.00	\$ 20.00																	
Release Money	\$ 15.00	\$ 20.00																	

Reason for Change: To increase the per diem meal rates.	Previous Total	\$	Open-End
	Increase	\$	
	Decrease	\$	
	New Total	\$	Open-End

Approved: Angela White Negly 9/29/22 Date

Authorized Signature

N/A
Attorney General if required Date

Policy for Student Athlete Cash Advances

1. A monthly advance is requested by an Athletic Department Coach or Staff member for per diem needs for a student athlete.
2. The advance will be paid from the Athletic Department Big Green Operating Account.
3. The students will sign the Student Group Meal Receipt form. This form is returned to the Business office after the competition / event has occurred.
4. The advances are settled within 30 days of the end of the month with the balance being returned and deposited into the same account of issue.
5. The advances are used to cover the following athletic related events:
 - a. Pre-Season Per Diem
 - b. Post Season Per Diem
 - c. Holiday Periods (Thanksgiving, Winter Break & Spring Break)
 - d. Per Diem related to travel for competition
 - e. Release money for a travel event or home game event.
 - f. Incidental funds allowed by the NCAA for Bowl games, exhibition travel or NCAA tournaments.
6. The amounts for per diem are as follows per day
 - a. Breakfast \$10.00
 - b. Lunch \$10.00
 - c. Dinner \$20.00
 - d. Release Money \$20.00
 - e. Incidental \$30.00
7. The activity would be as follows:
 - a. Football – July - May - up to 200 athletes & student managers
 - b. Men’s Basketball – October – March – up to 25 athletes & student managers
 - c. Volleyball – August – December up to 25 student athletes
 - d. W. Track – August – May up to 50 student athletes
 - e. Tennis – September – May – up to 10 student athletes
 - f. W Golf – September – May – up to 10 student athletes
 - g. Swimming – October – April – up to 35 student athletes
 - h. W. Basketball – October – March up to 25 student athletes & managers
 - i. Softball – January – May – up to 25 student athletes & managers
 - j. W. Soccer – August – December – up to 30 student athletes & managers
 - k. M. Cross Country – August – May – up to 15 student athletes
 - l. M Soccer - August – December – up to 30 student athletes & managers
 - m. M. Golf – August – May - up to 10 student athletes
 - n. Baseball – January – May - up to 40 student athletes & managers
 - o. Cheerleading – August – May – up to 30 student athletes



AGREEMENT
BOG-48 (Rev.11/2020)

Purchase Order #
BG1900684

I, Big Green Scholarship Foundation, agree to perform
(Name and address)
 the following service(s) for Marshall University at Marshall University Department of Athletics
(Department and/or Location)
 To provide money necessary for per diem for home games and travel related to athletic competition along with
(Detailed description of services to be performed)
preseason, post season, and breaks

Date(s) of Service: from 7/1/2022 to 6/30/2023
 The rate of pay shall be Paid per invoice not to exceed \$ 500,000.00 for
 the entire term of the contract.

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:

- I am not currently a full-time employee of the State of West Virginia;
- I am currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by the above named vendor from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____ . The vendor serves as _____
(Position)
 with the title of _____, certified by _____
(Supervisor's Signature)

GENERAL TERMS AND CONDITIONS: The General Terms and Conditions for a Purchase Order/Contract less than \$50K and over \$50K are located on Marshall's Office of Purchasing website. For purchases under \$50K use the terms located at https://www.marshall.edu/purchasing/files/MU-Terms-and-Conditions_Under-50000_10222020_rev-3.pdf and for purchases over \$50K use the terms located at <http://www.marshall.edu/purchasing/files/MU-Terms-and-Conditions.pdf>. The applicable terms are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the applicable Terms and Conditions, fully understands them and agrees to be bound by their provisions.

NOTE: This form must be fully executed and approved prior to any work being performed.

APPROVED BY:

Agency: Marshall University

(Authorized Signature of Agency)
 Director of Purchasing / Chief Procurement Officer

(Title)
7/27/2022

(Date)

Vendor: Big Green Scholarship Foundation

(Vendor's Signature)
 550631935

(Social Security or FEIN)
7/19/2022

(Date)

The essential services category includes **noncompetitive**, routine, and repetitive purchases. Please note that if ****terms and conditions are included** as a condition of sale, service, or purchase, they must be reviewed and approved by Purchasing prior to release. **Submit such orders on an electronic requisition** and forward the attachments to Purchasing for final processing.

Departments may request payment of these goods and services via P-Card or an encumbrance document. Unless ***exempted (Cannot use departmental P-Card)**, the **Departmental P-Card** is the preferred method of payment. A Purchasing Affidavit must be completed by vendors on orders exceeding \$25,000

Essential services may include but are not necessarily limited to the following	
Contact the approving department with questions: Purchasing (P) or Accounts Payable (A)	
Service:	Approving Dept.:
• Accreditation fees and site visit costs	A
• Advertising	P
• Association dues	A
• **Athletic and Academic team travel and related expenses	A
• Attorney Fees (Legal appointment by Deputy Attorney General)	P
• Books and related items, including those for libraries and Bookstores	P
• Cash advances	A
• Contracts for performing artists, entertainers and speakers with approved terms and conditions and signed purchase order. This includes others who are charging travel expenses only for their services;	P
• Credit card fees and related expenses	A
• Employee travel, subsistence, and other reimbursement	A
• Equipment maintenance contracts with approved terms and conditions and signed purchase order	P
• Federal, state, county, and municipal fees and assessments	A
• Hospitality expenses; Form MUBOG 3.0 is required	A
• Insurance premiums (after BRIM approval)	A
• Inter-library loan charges with signed purchase order or approved terms & conditions	A
• Inter/intra-institutional charges and fund transfers	A
• License fees of all types with signed purchase order if terms and conditions exist	P
• Medical and doctor's fees, prescriptions, drugs, medical sundries, fees for human subjects, medical studies, tests, x-rays, CAT Scans, MRIs and emergency medical procedures and test of all types	A
• Standardized Patients (employees and students, ALL)	A
• Motor vehicle and aircraft fuel	A
• Postage	A
• Shipping, handling, and freight charges	P
• Refunds	A
• Registration and tuition fees, and refunds thereof; professional dues; etc. (Note: registration fees for conferences are part of travel)	A
• Resale merchandise, sundries, food, related items used by auxiliary services	P
• ROTC uniform item	A
• Software less than \$5,000 (SHRINKWRAP/UNOPENED)	A
• Agreements with approved terms and conditions and signed purchase order. Software exceeding \$5,000 is inventoried and must be procured through the University's asset management system	P
• Student awards, scholarships, stipends, loans, and grants of all types	A
• Subscriptions to newspaper, periodicals, and publications not software services	P
• Temporary space rental agreements (no terms and conditions)	P
• Utilities of all types, including cable TV and connections and disconnections/regulated by public authority	A

1 of 1 | [View All](#) Some of the values entered as Search Criteria for UI secured field ...

Vendor/Customer

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 00000204741	BIG GREEN SCHOLARSHIP FOUNDATION INC		Active	Inactive	

From 1 to 1 of 1 First Prev Next Last [Attachments](#)

Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) [Search](#)

General Info

Vendor/Customer : 00000204741
 Legal Name : BIG GREEN SCHOLARSHIP
 Alias/DBA :
 Vendor Active Status : Active
 Vendor Approval Status : Complete
 Customer Active Status : Inactive
 Customer Approval Status : Incomplete
 Location Name :
 First Name :
 Middle Name :
 Last Name :
 Company Name : BIG GREEN SCHOLARSHIP
 Previous Name :
 Previous Street :
 Previous City :
 Previous State/Province :
 Previous Country :
 Restrict Use by Department :
 Miscellaneous Account :
 Internal Account :
 Third Party Only :
 Third Party Vendor :
 Third Party Customer :
 Inventory Customer :
 Healthcare Provider :
 Never Archive :
 Restrict VSS Access : No
 Discontinue - No New Business :
 Prevent MA Reference :
 PunchOut Enabled :
 Re-PunchOut Enabled :
 Electronic Order Enabled :
 W-9 Received :
 W-9 Received Date :
 W-8 Received :
 W-8 Received Date :
 Accepts Credit Cards :
 Active From : 01/01/1999
 Active To :
 Last Usage Date : 06/17/2022
 Department :
 Unit :

Headquarters

Headquarters Account : Yes
 Headquarters Account Code : 00000204741
 Headquarters Account Legal Name : BIG GREEN SCHOLARSHIP
 Franchise Account :
 Web Address http:// :
 Catalog DUNS :
 Catalog Extended DUNS :
 Catalog Unique Entity Identifier :
 Taxpayer ID Number : *****1935
 Taxpayer ID Number Type : EIN

Organization

Organization Type : Company
 1099 Classification : Corporation
 1042-S Ch. 3 Recipient Code :
 1042-S Ch. 4 Status Code :
 Number of Employees :
 Merchant ID :
 Sex :
 Date of Birth :
 Marital Status :
 Annual Income :
 IRS Country of Residence :
 IRS Country Sub Code :
 Contract Withholding Exempt :
 National Provider ID :
 Assigning Authority :
 CAGE Code :
 Permanent Staffed Office in State :
 1099 Indicator : No
 1042-S Indicator :
 Taxpayer ID Number : 550631935
 Taxpayer ID Number Type : EIN
 Detailed TIN Type :
 Foreign Tax ID :
 GIIN :
 1042-S Recipient Account Number :
 W-8 Form :
 Tax Profile : NOTAX
 Tax Profile Name : No Tax
 EBIC Number :
 IAEC Number :
 Web Address http:// :
 Employee ID :
 Employee Status :
 Supplier Shared Secret :

Disbursement Options

Category :
 Description :
 Default Type : Check
 Default Priority : 99
 Default Format : REG
 Default Format Description :
 Scheduled Payment Day :
 Single Payment Indicator :
 Name on Check : Legal Name
 Eligible for VCA Payments :
 VCA Effective From Date :
 VCA Effective To Date :
 VCA Primary Email :
 VCA Secondary Email :
 VCA Comments :
 Hold Payment :
 Hold Payment Authorized By :
 Hold Payment Authorized On :
 Hold Reason :
 Prevent New Spending :
 Prevent New Orders : For All Departments
 Third Party Code :
 Third Party Name :
 Third Party Approved By :
 Third Party Approved On :
 Third Party Reason :

Always Infer Third Party Vendor :
Third Party Address ID :

▼ Prenote/EFT

Generate EFT Payment : <input type="checkbox"/>	EFT Format :
ABA Number :	EFT Format Description :
Bank Name :	EFT Status : <input type="checkbox"/>
Account Type : <input type="checkbox"/>	Last Status Change : <input type="checkbox"/>
Account Number : <input type="text"/>	EFT Status Description : <input type="text"/>
Routing ID Number : <input type="text"/>	
Bank Phone Number : <input type="text"/>	
Prenote Requested Date : <input type="text"/>	Prenote Return Reason Explanation : <input type="text"/>
Prenote Return Reason :	
Prenote Return Reason Message : <input type="text"/>	
Foreign Correspondent Bank Name : <input type="text"/>	W-9 Mailing Date : 05/19/2000
Foreign Correspondent Bank Branch Country Code : <input type="text"/>	W-9 Response Date : 07/06/2001
Account Number Linkage to Provider Identifier : <input type="checkbox"/>	
Reason for Submission : <input type="checkbox"/>	

▼ Remittance Advice

Remittance Advice Required :
 Remittance Advice Format :
 Remittance Advice Format Description :
 Remittance Advice Transmission Mode :

▼ Vendor Terms

Number of Days 1 : <input type="text"/>	Number of Days 3 : <input type="text"/>
Discount Percent 1 : <input type="text"/>	Discount Percent 3 : <input type="text"/>
Discount Always 1 : <input type="checkbox"/>	Discount Always 3 : <input type="checkbox"/>
Number of Days 2 : <input type="text"/>	Number of Days 4 : <input type="text"/>
Discount Percent 2 : <input type="text"/>	Discount Percent 4 : <input type="text"/>
Discount Always 2 : <input type="checkbox"/>	Discount Always 4 : <input type="checkbox"/>

▼ Accounts Receivable

Default Receipt Type : <input type="checkbox"/>	Bill Headquarters :
Default Billing Profile :	Bankruptcy : <input type="checkbox"/>
Cost Accounting Funding Type : <input type="checkbox"/>	Central Statement BPRO :
Credit/Debit Card Type : <input type="checkbox"/>	Central Statement Billing Location : <input type="text"/>
Credit/Debit Card Number : <input type="text"/>	Central Statement Address ID :
Name on Card : <input type="text"/>	Suppress Central Statement : <input type="checkbox"/>
Credit/Debit Card Expiration Month : <input type="text"/>	Suppress Central Past Due Statement : <input type="checkbox"/>
Credit/Debit Card Expiration Year : <input type="text"/>	

▼ eMALL

DUNS : 014518984	Preferred Ordering Method : <input type="checkbox"/>
Extended DUNS : <input type="text"/>	Pcard Acceptance Level : <input type="text"/>
Unique Entity Identifier : <input type="text"/>	Create Certification Document : <input type="checkbox"/>
Internet Catalog : <input type="text"/>	Vendor Preference Level : 99
VSS Registered : <input type="checkbox"/>	

▼ Location Information

Verify My Locations by : Create My Own
 Vendor Verification Based On : Migrated vendor accounts ha
 Vendor Verification Password :
 Send Activation Code :
 Activation Email Address :
 Activation Code :
 Confirm Activation Code :
 Requestor Name :
 Requestor Phone Number :
 Confirm Verifications :

► Fee and Vendor Compliance Holds

Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : <input type="text"/>	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : <input type="text"/>	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : <input type="text"/>	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code : <input type="text"/>	Federal Debarred : <input type="checkbox"/>

► Executive Compensation

▼ Additional Information

Miscellaneous Field 1 : <input type="text"/>	Miscellaneous Flag 1 : <input type="checkbox"/>
Miscellaneous Field 2 : <input type="text"/>	Miscellaneous Flag 2 : <input type="checkbox"/>
Miscellaneous Field 3 : <input type="text"/>	Miscellaneous Flag 3 : <input type="checkbox"/>
Miscellaneous Field 4 : <input type="text"/>	
Miscellaneous Field 5 : <input type="text"/>	
Miscellaneous Field 6 : <input type="text"/>	

Miscellaneous Field 7 :

▼ Travel

Traveler :
Travel Policy : 
Allow Traveler Advances :
PCard ID : 

▼ Change Management

Created By : conversion Last Modified By : conversion
Conversion User Conversion User
Created On : 06/03/2014 Last Modified On : 06/03/2014
Last Approved By : conversion Comments :
Conversion User
Last Approved On : 06/03/2014
Date Registered : 06/03/2014

[Top](#)

CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)

UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)

SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#) [Historical Vendor Information](#)
[Vendor Transaction History](#)