

Purchase Change Request



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

Order #
MU19MAINT

FY 22	Buyer MW	Date 07/28/2022	Account Various	P.O. Date 01/25/2019	Contract MU19MAINT
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input 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. Atalian Global Services PO Box 74008995 Chicago, IL 60674-8995	Vendor Code 310620970	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 304-962-2818 Fax	FEIN# 31-0620970	

Item#	Quantity	Description of Change	Unit Price	Extended Price
		Change Order # <u>12</u> Janitorial Services To amend the MU19MAINT contract according to all terms, conditions, prices, and specifications contained in the original contract including all authorized change orders. This change order is to document approval to add additional services (ITEM 2 Atalian Amendment to Contractor Agreement) to the Shewey Building effective September 14, 2021. Effective Date: September 14, 2021		

Reason for Change: Incorporate approval date of Shewey increase	Previous Total	\$ Open end
	Increase	\$ _____
	Decrease	\$ _____
	New Total	\$ Open end

Approved: Michelle Wheeler 9/1/22
 Authorized Signature Date

N/A
 Attorney General if required Date



Amendment to Contractor Agreement

This amendment, dated September 14, 2021, is between Marshall University (hereinafter referred to as "Owner") and Atalian US Ohio Valley, Inc. f/k/a Aetna Building Maintenance Inc. (hereinafter referred to as "Contractor").

WITNESSETH:

WHEREAS, Owner and Contractor entered into that certain Contract #MU19MAINT effective January 1, 2019, whereby the Contractor provides custodial and other related services to Owner; and

WHEREAS, the parties -have agreed to further amend the aforesaid Agreement;

Now, therefore, in consideration of the promises contained herein and for other good and valuable consideration, the parties hereto agree as follows:

1. Effective November 1, 2021, the price listed items #1-1 thru #24-3 shall be replaced in it's entirely with the attached Exhibit A.
2. Effective September 14, 2021, Contractor shall provide the following additional services at the prices listed below at Shewey Building:
 - a. Monday through Friday (* \$8,230.47 monthly charge) *Total of two below
 - i. Day Porter 40 hours \$2,743.49 monthly charge
 - ii. Night cleaners 80 hours \$5,486.98 monthly charge
 - b. Saturday and Sunday (* \$3,292.19 monthly charge) * Total of two below
 - i. Day Porter 16 hours \$1097.40 monthly charge
 - ii. Night Cleaners 32 hours \$2194.79 monthly charge
 - c. Total Monthly Charge for Shewey Building A+B= \$11,522.66
 - i. Weekly rate for Shewey-\$2,661.12

This Amendment is effective as of September 14, 2021 and thereafter, unless otherwise amended. All other terms and conditions contained in the Original Agreement shall remain unchanged and in full force and effect.

-IN WITNESS WHEREOF, - the parties hereto have caused this -Amendment to be signed by their duly authorized representatives, all done the day and year above written.

ATALIAN US Ohio Valley, Inc.

Marshall University

Bradley Reep

Tracey Brown-Dolinski

Tracey Brown-Dolinski

Name: Bradley Reep

Name: Tracey Brown-Dolinski

Title: Regional Vice President

Title: Assistant Director of Purchasing

Date: 11/22/2021

Date: 11/30/2021

Close

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

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000171992	ATALIAN GLOBAL SERVICES		Active	Inactive	
000000171993	AETNA INTEGRATED SERVICES		Active	Inactive	
000000171994	ATALIAN US OHIO VALLEY INC		Active	Inactive	

From 1 to 3 of 3 First Prev Next Last [Attachments](#)Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#) **General Info**

Vendor/Customer : 000000171992

Legal Name : ATALIAN GLOBAL SERV

Alias/DBA :

Vendor Active Status :

Vendor Approval Status : Complete

Customer Active Status :

Customer Approval Status : Incomplete

Location Name :

First Name :

Middle Name :

Last Name :

Company Name : ATALIAN GLOBAL SERV

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 : 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 : 02/08/2022

Department :

General Info

Headquarters

Organization

Disbursement Options

Prenote/EFT

Remittance Advice

Vendor Terms

Accounts Receivable

eMALL

Location Information

Fee and Vendor Compliance Holds

Executive Compensation

Additional Information


Travel


Change Management

Address**Business Type****Service Area****Commodity****W-8 Form****Authorized Dept.****Prevent Spending****Prevent Orders****Certification****Disclosures****Vendor User Information****Vendor Attachments**

[Close](#)

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- Headquarters
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Address**Business Type****Service Area****Commodity****W-8 Form****Authorized Dept.****Prevent Spending****Prevent Orders****Certification****Disclosures****Vendor User Information****Vendor Attachments**Department : Unit : [▶ Headquarters](#)[▶ Organization](#)[▶ Disbursement Options](#)[▶ Prenote/EFT](#)[▶ Remittance Advice](#)[▶ Vendor Terms](#)[▶ Accounts Receivable](#)[▶ eMALL](#)[▶ Location Information](#)[▶ Fee and Vendor Compliance Holds](#)

Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : <input type="text" value="01/23/2014"/> 	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : <input type="text" value="01/23/2014"/>	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : <input type="text" value="01/23/2015"/>	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code : <input type="text"/>	Federal Debarred : <input type="checkbox"/>

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