

State of West Virginia **Agency Request for Quote**

Proc Folder: 1417456 Reason for Modification: Doc Description: Equipment and Systems Maintenance and Repairs - PBCC&J Proc Type: Agency Master Agreement Version **Date Issued Solicitation Closes** Solicitation No 2024-04-19 2024-05-07 ARFQ 0608 DCR2400000119 10:30

BID RECEIVING LOCATION			

VENDOR

Vendor Customer Code: 000000000101569

Vendor Name : POWCIL Inc.

Address: 170 Stringtown Rd

Street:

city: Belington

Country: USA Zip: 210250 State: W

Principal Contact: Court Allen

Vendor Contact Phone: 304-621-7494 Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor

FEIN# 55.0490737 Signature X

DATE 5 7124

All offers subject to all terms and conditions contained in this solicitation

Date Printed: Apr 19, 2024

Page 1

FORM ID: WV-PRC-ARFQ-002 2020/05

Subcontractor List Submission (Construction Contracts Only)

Powelline

	ors will perform more than \$25,000.00 of work to complete the
project.	
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.
0.00	
greecoors	

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Carl Allen President
(Name, Title) A Reselet
(Printed Name and Title)
170 Stringtown Rd Belington WV 26250
(Address) 304-621-7494
(Phone Number) / (Fax Number)
Powellines @ yahos. com
(Email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Powell Inc
(Company)
Cold Reselet
(Authorized Signature) (Representative Name, Title)
Carl Allen President
(Printed Name and Title of Authorized Representative) (Date)
5/7/24
(Date)
304-621-7494
(Phone Number) (Fax Number)
Powellinco Oyanas Com
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

necessary revisions to my proposar, p	nans and/or specification, etc.
Addendum Numbers Received:	m maginad)
(Check the box next to each addendu	m receiveu)
[] Addendum No. 1	[] Addendum No. 6
[] Addendum No. 2	[] Addendum No. 7
[] Addendum No. 3	[] Addendum No. 8
[] Addendum No. 4	[] Addendum No. 9
[] Addendum No. 5	[] Addendum No. 10
further understand that any verbal discussion held between Vendor's re	the receipt of addenda may be cause for rejection of this bid. I representation made or assumed to be made during any oral epresentatives and any state personnel is not binding. Only the ded to the specifications by an official addendum is binding.
Company	
Calsala	
Authorized Signature	
5/7/24	
Date	

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

STATE OF WEST VIRGINIA

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §15A-3-14, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Powell Inc		Market Control	
Authorized Signature:		Date:	
State of WV			
County of Borrow, to-wit:			
Taken, subscribed, and sworn to before me this That day	of May	, 20 <mark>24</mark> .	
My Commission expires	, 20 <mark>210</mark> .		
AFFIX SEAL HERE	NOTARY PUBLIC	Liter Hower	

OFFICIAL SEAL
STATE OF WEST VIRGINIA
NOTARY PUBLIC
KRISTIN HOWELL
170 Stringtown Road Belington WV 26250
My Commission Expires:06/03/26

Purchasing Affidavit (Revised 03/09/2019)



State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

STATE OF WEST VIRGINIA,	
COUNTY OF Barray, TO-WIT:	
I, <u>Corl Allo</u> , after being first duly sworn, depose and state as follows	
1. I am an employee of; and, (Company Name)	
2. I do hereby attest that	
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.	
The above statements are sworn to under the penalty of perjury.	
Printed Name: Carl Allen	
Signature: 6/5/1/	
Title: President	
Company Name: Powelling	
Date: <u>517124</u>	
Taken, subscribed and sworn to before me this	_•
(Seal) OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KRISTIN HOWELL 170 Stringtown Road Belington WV 26250 My Commission Expires:06/03/26	

ARFQ 0608 DCR2400000119 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT PARKERSBURG CORRECTIONAL CENTER AND JAIL FACILITY

- 2) Failure to comply with other specifications and requirements contained herein.
- 3) Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 4) Failure to remedy deficient performance upon request.

1.16 CONTRACT MANAGER:

A. During its performance of this Contract, Contractor must designate and maintain a primary contract manager responsible for overseeing Contractor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Contractor should list its contract manager and his or her contact information below. The previously specified information must be submitted prior to award of contract.

Contract Manager: COM Allen
Telephone Number: 304-621-7494

Fax Number: MA

Email Address: powellinco @ youngs.com

END OF SPECIFICATIONS

PARKERSBURG CORRECTIONAL CENTER AND JAIL

ARFQ 0608 DCR2400000119 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

Preventative Maintenance	Preventative Maintenance Unit of Measure	Preventative Maintenance Number of Times Per Year	Preventative Maintenance Unit Price Per Each Time	Preventative Maintenance Extended Amount
Equipment and Systems				
Equipment and Systems	Biannual	2	\$325D	00537
			Subtotal A:	080 a
Correction Maintenance Hourly Rates	Corrective Maintenance Unit of Measure	Corrective Maintenance Estimated Annual Hours	Corrective Maintenance Unit Price	ive Mai
Regular Labor Rate	Hour	100	06#	Ŏ
Overtime Labor Rate	Hour	16	064	3 1,440.00
Holiday Labor Rate	Hour	8	06 B	\$ 720.00
Emergency Labor Rate	Hour	8	DP 14	\$ 720.00
			Subtotal B:	Q 088'11 €
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipn Markup Perc	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended Amount
Parts	\$5,0	\$5,000.00	135 %	W150.00
			Subtotal C:	6750.20
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	25, 135, a
Bidder/Vendor Information: PENCII Inc	DC			
Name: Corl Allen West Virginia Contractors License	MILLON STOLE			
1				
	Q			
Phone No.: 304-1101-1464				
The state of the	And Cook			
	NO CONTRACTOR OF THE PARTY OF T			
)				

NOTES:

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

JZWICK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	ODUCER							CONTACT Justin Zwick					
		(renzel Lett Insura nfield Rd.	anc	e Group				lo, Ext): (OUU) 3			FAX (A/C, No): (304)	586-2568
		, WV 25213					E-MAI ADDR	E-MAIL ADDRESS: info@aklinsurancegroup.com INSURER(S) AFFORDING COVERAGE					
													NAIC#
						-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INSUF	INSURER A : Erie Insurance P&C (WV)					26830
INSU	RED						INSUR	INSURER B : NorthStone Insurance Company					13045
		Powell, Inc.					INSUR	INSURER C:					
		170 Stringto					INSUF	ER D:					
		Belington, W	V V 2	20230			INSUR	INSURER E:					
							INSUF	ERF:					
		AGES		to build a constitution			NUMBER:			REVISION NUM			
C	DICA	ATED. NOTWITHS FICATE MAY BE I	TAN	IDING ANY R JED OR MAY	EQUII PERT POLIC	REME FAIN, CIES.	SURANCE LISTED BELOW HAVE ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED E LIMITS SHOWN MAY HAVE BEEN	ANY CONTRA BY THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WIT	H RESPE	CT TO	O WHICH THIS
INSR LTR		TYPE OF INSU	RAN	ICE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X	COMMERCIAL GENER	RAL	LIABILITY						EACH OCCURRENC		\$	1,000,000
		CLAIMS-MADE	X	OCCUR			Q43-5150108	7/1/2023	7/1/2024	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	1,000,000
										MED EXP (Any one p	1000	\$	5,000
										PERSONAL & ADV II	NJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT .	APP	LIES PER:						GENERAL AGGREG	ATE	\$	2,000,000
	X POLICY PRO- OTHER:									PRODUCTS - COMP	OP AGG	\$	2,000,000
	4117									COMBINED SINGLE	LIMIT	\$	
	AUI	TOMOBILE LIABILITY								(Ea accident)		\$	
		ANY AUTO OWNED AUTOS ONLY	S	CHEDULED						BODILY INJURY (Pe		\$	
		HIRED AUTOS ONLY		UTOS ON-OWNED UTOS ONLY						BODILY INJURY (Pe PROPERTY DAMAG (Per accident)		\$ \$	
		AUTOS ONET	_ \	3103 01121						(or booleding		\$	
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		DED RETENTI	ON S	5								\$	
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILIT	N							X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WCN6007904	WCN6007904	12/3/2023	23 12/3/2024	E.L. EACH ACCIDEN		\$	1,000,000	
	OFF (Mar	ICER/MEMBER EXCLUD ndatory in NH)	ED?		N/A	N/A				E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERAT	IONS	S below						E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000

DES	CRIPT	TION OF OPERATIONS /	LOC	CATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedule, may	be attached if mo	re space is requi	red)			
FIO	01 01	Coverage											

CERTIFICATE HOLDER CANCELLATION

Parkersburg Correctional Center 225 Holiday Hill Dr. Parkersburg, WV 26104 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

33

BWILLIAMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tł	nis certificate does not confer rights t		ons of the policy, certain policies may require an endorsement. A statement on of such endorsement(s). CONTACT Michael Cvechko							
	DUCER chko Insurance Services							EAV .	100000000000000000000000000000000000000	CONTRACTOR NAME OF THE OWNER OWNER OWNER OWNER
	56 Barbour County Highway		(A/C, No	, Ext): (304) 4			FAX (A/C, No): (304) 457-9868			
Phil	lippi, WV 26416			ADDRE:	_{ss:} cvechkoi	nsurance(@outlook.com			
				INSURER(S) AFFORDING COVERAGE						NAIC#
				INSURER A : Erie Insurance Property & Casualty Company 26					26830	
INSU	JRED			INSURER B:						
	Powell Properties Powell In-	c & T/A		INSURE	RC:					
	Po Box 306			INSURE	RD:					
	Barboursville, WV 25504-03	06		INSURE	RE:					
				INSURE	RF:					
СО	VERAGES CER	TIFICAT	ΓE NUMBER:				REVISION NUM	/BER:		
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	REQUIREN PERTAII	MENT, TERM OR CONDITI N, THE INSURANCE AFFO S. LIMITS SHOWN MAY HAV	ON OF A	NY CONTRAC	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT WIT SED HEREIN IS SI	TH RESPE	CT TO O ALL	WHICH THIS
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	CLAIMS-MADE OCCUR						DAMAGE TO RENT PREMISES (Ea occu	ED urrence)	\$	
							MED EXP (Any one	person)	\$	
							PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	SATE	\$	
	POLICY PRO- OTHER:						PRODUCTS - COMP	P/OP AGG	\$ \$	
Α	AUTOMOBILE LIABILITY		-1				COMBINED SINGLE	LIMIT	s	1,000,000
	X ANY AUTO		Q07-5140025		7/1/2023	7/1/2024	(Ea accident) BODILY INJURY (Pe	or norcon)	\$	
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	DED RETENTION \$						PER STATUTE	OTH- ER	\$	
į.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							V. 1	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDE		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA			
2000	DESCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POL	LICY LIMIT	\$	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Scho	edule, may b	e attached if mor	e space is requi	red)			
CF	RTIFICATE HOLDER		W-20072-W	CANO	CELLATION		100-14.			
	INTILIOATE HOLDER			JAN						
	Parkersburg Correctional C 225 Holiday Hill Dr	enter		THE	EXPIRATION	N DATE TH	DESCRIBED POLIC HEREOF, NOTICI CY PROVISIONS.			
	Parkersburg, WV 26104	AUTHORIZED REPRESENTATIVE								

ACORD 25 (2016/03)

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