# 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	6,210.00	12,420.00
			Subtotal A:	12,420.00
Correction Maintenance Hourly Rates	Corrective Maintenance Unit of Measure	Corrective Maintenance Estimated Annual Hours	Corrective Maintenance Unit Price	Corrective Maintenance Extended Amount
Regular Labor Rate	Hour	100	06	0006
Overtime Labor Rate	Hour	16	125	2000
Holiday Labor Rate	Hour	8	160	1280
Emergency Labor Rate	Hour	8	125	1000
			Subtotal B:	13280
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
Parts	\$5,000.00	00.00	25%	6250
		-	c	
		-	Subtotal C:	6250
	_	OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	31950
Bidder/Vendor Information:				
	HE Neumann			
West Virginia Contractors License	WV000004			
Address:	100 Middle Creek Rd			
	Tridelphia, WV 26059			
Phone No.:	304-232-3040			
	kwatson@heneumann.com			
Authorized Signature	Kanin Watson			

NOTES:

\* Quantities are estimated for bid evaluation purposes only.
\*\* Estimated cost for bid evaluation purposes only.

# CONTRACTOR LICENSE





WEST VIRGINIA

NUMBER:

WV000004

### CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
GENERAL ENGINEERING
HEATING, VENTILATING & COOLING
MULTIFAMILY
PIPING
PLUMBING
RESIDENTIAL
SPECIALTY

H E NEUMANN COMPANY DBA H E NEUMANN COMPANY PO BOX 6208 WHEELING, WV 26003

DATE ISSUED

**EXPIRATION DATE** 

AUGUST 07, 2023

AUGUST 07, 2024

Authorized Signature

Chair, West Virginia Contractor Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

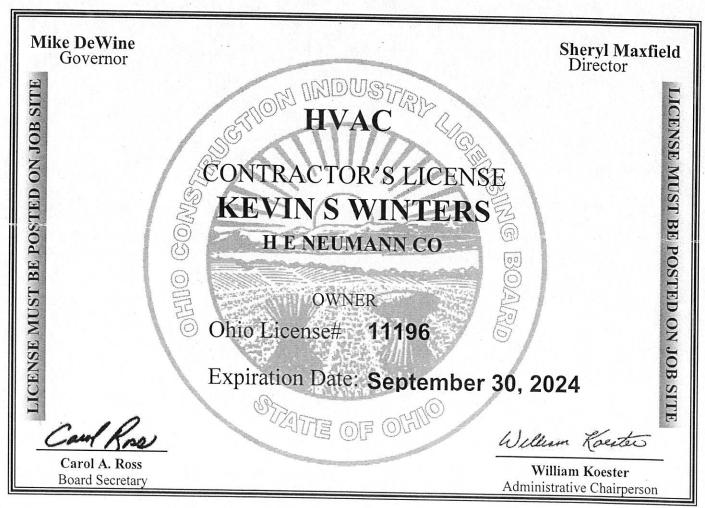


Mike DeWine Sheryl Maxfield

WINTERS, KEVIN S 166 Oakmont Rd Wheeling, WV 26003-5672



This is <u>YOUR</u> license. Plan Approvals obtained with <u>YOUR</u> license and posting of <u>YOUR</u> license indicates that <u>YOU</u> and <u>YOUR</u> liability insurance are assuming all responsibility for any projects performed under this license.



### 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.

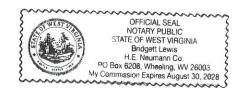
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' 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: HE Nevmann		
Authorized Signature: Kaun Waks	Date:	5/3/24
State of		
County of, to-wit:		
Taken, subscribed, and sworn to before me this 3_ day	of May	, 20 <mark>24</mark>
My Commission expires	, 20 <del>26</del> .	
AFFIX SEAL HERE	NOTARY PUBLIC 3	same Hose



# 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: ACTIN Watson

Telephone Number: 304-639-458 >

Fax Number: Email Address: Auntone hope) mann com

**END OF SPECIFICATIONS** 



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

2. I do hereby attest that Veo Mann (Company Name)

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: Sarin Watson

Signature: Kaum Watson

Title: Sales

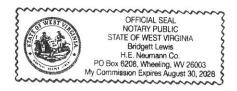
Company Name: HE Neumann

Date: 5/3/24

By Commission expires 8-30-98

(Seal)

(Notary Public)





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2024

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 this certificate does not confer rights to the ce	terms and conditions of the ertificate holder in lieu of su	e policy, certain p	olicies may i	require an endorsement. A	statement on
PRODUCER Riggs, Counselman, Michaels & Downes, Inc		CONTACT NAME: Rebecca	Gierczak HEI		- 4
555 Fairmount Avenue Towson MD 21286	(A/C, No, Ext): 410-339-7263				
21200					T
	ŀ			RDING COVERAGE	NAIC#
INSURED		INSURER A : Phoenix	Insurance Co	ompany	25623
H.E. Neumann Company; Henco Holdings, L.	.L.C			sualty Company of America	25674
100 Middle Creek Road		INSURER c : Charter	Oak Fire Insu	rance Company	25615
Triadelphia WV 26059-1109		INSURER D:			
		INSURER E :			
		INSURER F:			
	TE NUMBER: 1085458740			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	MENT, TERM OR CONDITION ( N. THE INSURANCE AFFORDS	OF ANY CONTRACT	OR OTHER I	D NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO	140 11011
INSR LTR TYPE OF INSURANCE INSD W	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	VTNCO5469B537PHX24	4/1/2024	4/1/2025		00,000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED	0,000

LTR		INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VTNCO5469B537PHX24	4/1/2024	4/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$2,000,000 \$1,000,000 \$15,000 \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC OTHER:			,			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$4,000,000 \$4,000,000 \$
С	AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			VTOCAP5469B549COF24	4/1/2024	4/1/2025	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 2,000,000 \$ \$ \$
В	X         UMBRELLA LIAB         X         OCCUR           EXCESS LIAB         CLAIMS-MADE           DED         X         RETENTION \$ 10,000			CUP4R6306452425	4/1/2024	4/1/2025	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		UB1S2815262425K	4/1/2024	4/1/2025	X PER OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$1,000,000
				8			-	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General proof of coverage

CERTIFICATE HOLDER	CANCELLATION
.Specimen	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  Parameter Outs

## 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, plans an	id/or specification, etc.	
Addendum Numbers Received:		
(Check the box next to each addendum recei	ived)	
Addendum No. 1 [] Addendum No. 2 [] Addendum No. 3 [] Addendum No. 4 [] Addendum No. 5	[] Addendum No. 6 [] Addendum No. 7 [] Addendum No. 8 [] Addendum No. 9 [] Addendum No. 10	
	*	
I understand that failure to confirm the rece further understand that any verbal represent discussion held between Vendor's represent information issued in writing and added to the	ntation made or assumed to be made ditatives and any state personnel is not bin	uring any oral ding. Only the
HE Neumann Company		
Authorized Signature		
5/3/24		

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

Date

**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.

Karin Watson - Sales	
(Name, Title) Sales	
Karin Watson- Sales	
(Printed Name and Title)  100 Middle Crock Rd Tridelphia WV 2605?	7
(Address) 304-232-3040	
(Phone Number) / (Fax Number)  Kwatson & heneumann, 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.

HE Neumann
(Company)
Harix Watson
(Authorized Signature) (Representative Name, Title)
Karin Watson Sales 5/3/24
(Printed Name and Title of Authorized Representative) (Date)
5/3/24
(Date)
304-639-4582
(Phone Number) (Fax Number)
Kwatsone heneumann.com
(Email Address)