

State of West Virginia Agency Request for Quote

Proc Folder: Doc Description	1446082 n: HVAC Equipment & Rep	pairs - Northern Correctional Facility	Reason for Modification:
Proc Type:	Agency Master Agreeme	ent	
Date Issued	Solicitation Closes	Solicitation No	Version
2024-06-11	2024-07-02 10:30	ARFQ 0608 DCR2400000132	1

BID RECEIVING LOCATION		

VENDOR

Vendor Customer Code: ১০০০০ ৩৯০। ১৯৭

Vendor Name : POWCH INC.

Address: 170 Stringtown Rd

Street:

City: Belington

State: WV Country: USA Zip: 210250

Principal Contact : Corl Allen

Vendor Contact Phone: รณ-เขา านุจุน Extension:

FOR INFORMATION CONTACT THE BUYER

Herbert Mickey Skeens

(304) 558-2350

herbert.m.skeens@wv.gov

Vendor

Signature X DATE 7/2/24

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

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

Date Printed: Jun 11, 2024 Page 1

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Ponch Inc.

project.	
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

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.

Cald Offen Mental
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington Wy 26250
(Address)
304-621-7494
(Phone Number) / (Fax Number)
powellines @ youhas 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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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)
Calle Rest
(Authorized Signature) (Representative Name, Title)
Carl Allon President
(Printed Name and Title of Authorized Representative) (Date)
7/2/24
(Date)
304-621-7494
(Phone Number) (Fax Number)
Powellines Eyanos 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 proposal, plans a	nd/or specification, etc.	
Addendum Numbers Received: (Check the box next to each addendum rece	rived)	
[] 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 receifurther understand that any verbal represe discussion held between Vendor's represent information issued in writing and added to the	ntation made or assumed to be made dutatives and any state personnel is not bine	uring any oral ding. Only the
Company		
Authorized Signature		
7/2/24		
Date		

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



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

I, <u>Carl Allen</u>	_, after being first duly sworn, depose and state as follows:
1. I am an employee of	(Company Name); and,
2. I do hereby attest that _	Powell Inc (Company Name)
maintains a written plan policy are in compliance	for a drug-free workplace policy and that such plan and with West Virginia Code §21-1D.
The above statements are swo	rn to under the penalty of perjury.
	Printed Name: Carl Allen
	Signature: Signature:
	Title: President
	Company Name: Powell Inc.
	Date:7 2 24
STATE OF WEST VIRGINIA,	
COUNTY OF Barbour	, TO-WIT:
Taken, subscribed and sworn to	before me this 2nd day of July , 2024.
By Commission expires	3,2026
OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KRISTIN HOWELL 170 Stringtown Road Belington WV 26: My Commission Expires:06/03/26	(Notary Public)

ARFQ 0608 DCR2400000132 Request for Quotation Equipment & Systems Maintenance & Repairs Contract Northern Correctional Facility

- 1) Failure to perform Contract Services in accordance with the requirements contained herein.
- 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:	carl Allen	
Telephone Number:	304-621-7494	
Fax Number:	NA	
Email Address:	Powell inco By whoo, com	

End of Specifications...

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DCR24*132

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.

(Check the box next to each addendum received)					1)	•
	[]	Addendum No. 1	[]	Addendum No. 6
	[]	Addendum No. 2]]	Addendum No. 7
)	[]	Addendum No. 3	[]	Addendum No. 8
Ì	[]	Addendum No. 4	[]	Addendum No. 9
j]]	Addendum No. 5	[]	Addendum No. 10

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

7/2/24

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

Northern Correctional Facility

ARFQ 0608 DCR2400000132 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

				Authorized Signature (a)
			powellinco@yahoo.com	DAG
			N/A	Fax No.:
			304-621-7494	0.:
			Belington WV 26250	
			170 Stringtown Road	Address:
			WV003726	ginia Contractors License
		- Constitution		Carl Allen
				Bidder/Vendor Information: Powell Inc
\$24,450.00	OVERALL COST (by adding subtotals A, B, and C)	OVERALL COST (by		
\$6,750.00	Subtotal C:		•	
\$6,750.00	35.00%	0.00	\$5,000.00	Parts
New Equipment, Devices, and Parts Markup Percentage Extended Amount	New Equipment, Devices, and Parts Markup Percentage	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	Estimated New Equipment, Devices, a Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage Quote
\$13,200.00	Subtotal B:			
\$800.00	100	8	Hour	Ellivi Brity Labol Nate
\$800.00	100	0 00	Hour	Emergency Labor Pote
\$1,600.00	100	16	Hour	Holiday I abor Rate
\$10,000.00	100	100	Hour	Regular Labor Rate
Corrective Maintenance Extended Amount	Corrective Maintenance Unit Price	Corrective Maintenance Estimated Annual Hours	Corrective Maintenance Unit of Measure	Correction Maintenance Hourly Rates
\$4,500.00	Subtotal A:			
\$4,500.00	\$2,250.00	2	Biannual	Equipment and Systems
				Equipment and Systems
Preventative Maintenance Extended Amount	Preventative Maintenance Unit Price Per Each Time	Preventative Maintenance Number of Times Per Year	Preventative Maintenance Unit of Measure	Preventative Maintenance

NOTES:

^{*} Quantities are estimated for bid evaluation purposes only.
** Estimated cost for bid evaluation purposes only.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/19/2024

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).

PR	ODUCER	o the cert	tificate holder in lieu of s	CONTACT Suzanne Metz						
Ari	thur Krenzel Lett Insurance Group 27 Winfield Rd.			PHONE		FAX				
Wi	nfield, WV 25213			(A/C, No, Ext): E-MAIL ADDRESS: Smetz(Daklinguran	FAX (A/C, No)) :			
				INSURER A : Erie II		ORDING COVERAGE	-	NAIC#		
INS	URED					26830				
	Powell, Inc.			INSURER B: NorthStone Insurance Company 1304						
	170 Stringtown Road			INSURER C:						
	Belington, WV 26250			INSURER D:						
				INSURER E :						
CC	OVERAGES CER	TICICATI	F AUIMDED	INSURER F:						
	OLIV	INFICATI	E NUMBER:	1141/19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REVISION NUMBER:				
(THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES.	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED BY THE POLI	CIES DESCRI Y PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT 3.				
LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY	LIMI	TS			
^	A COMMENCENTE CENTENTE EIGHEIT					EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR		Q43-5150108	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
						MED EXP (Any one person)	s	5,000		
						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	s	2,000,000		
	OTHER:					THOSE OF THE POPULATION AND	s			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$			
	ANY AUTO					(Ea accident) BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)				
	9000 (2000)					(Fer accident)	\$			
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	4,000,000		
	EXCESS LIAB CLAIMS-MADE		Q31-5170019	7/1/2023	7/1/2024	AGGREGATE	\$	4,000,000		
	DED RETENTION \$					AGGREGATE	\$.,000,000		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	\$			
			WCN6007904	12/3/2023	12/3/2024	Language agreement and a second contract of		1,000,000		
	(Mandatory in NH)	N/A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						1	1,000,000		
					-	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES Prod	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL of of coverage.	ES (ACORD	101, Additional Remarks Schedu	le, may be attached If mo	ore space is requi	red)				
CEI	RTIFICATE HOLDER			CANCELLATION						
				DANCELLATION			-			
	WV Division of Corrections, N 112 Northern Regional Correc Moundsville, WV 26041			SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.	ANCEI 3E D	LLED BEFORE ELIVERED IN		
1000				AUTHORIZED REPRESI	nutative					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/19/2024

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 liquid such endorsement(s).

PRO	DDUCER	to the cer	tificate holder in lieu of s	such endorsement(s		y roquire an ende		statement on	
163	echko Insurance Services 356 Barbour County Highway			PHONE (A/C, No, Ext): (304)			FAX (20	4) 457 0000	
Phi	lippi, WV 26416			(A/C, No, Ext): (304) 457-5433 (A/C, No): (304) 457-98					
				INSURER(S) AFFORDING COVERAGE NAIC INSURER A : Erie Insurance Property & Casualty Company 26830					
INS	URED				surance Pro	perty & Casualty	Company	26830	
	Powell Properties Powell In	oc & T/A		INSURER B:					
	Po Box 306			INSURER C:					
	Barboursville, WV 25504-03	306		INSURER D :					
				INSURER E :					
co	VERAGES CE	STIFICAT	E NUMBER:	INSURER F:					
Т	HIS IS TO CERTIFY THAT THE POLICE	IES OF IN	SUBANCE LICTED DELOY	/ HAVE DEEN ICCUED	TO THE 11-1-11	REVISION NUM			
IV	NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY	REQUIREM	IENT, TERM OR CONDITION	ON OF ANY CONTRA	CT OR OTHER	RED NAMED ABOV	E FOR THE	POLICY PERIOD	
E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	, THE INSURANCE AFFOR	RDED BY THE POLICE	IES DESCRIE	SED HEREIN IS SUI	BJECT TO A	LL THE TERMS,	
INSR LTR		ADDL SUBF		C DEFINITEDOCED BY	LAID CLAIMS				
	COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	-10 45/1/2 13 10 10 10 10 10 10 10 10 10 10 10 10 10	
	CLAIMS-MADE OCCUR					EACH OCCURRENCE			
		1				DAMAGE TO RENTED PREMISES (Ea occurr	ence) \$		
						MED EXP (Any one pe	rson) \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV IN	JURY \$		
	POLICY PRO- LOC	1				GENERAL AGGREGA	TE \$		
	OTHER:					PRODUCTS - COMP/O	OP AGG \$		
Α	AUTOMOBILE LIABILITY					COMPINED CINIOLE	\$		
	X ANY AUTO		Q07-5140025			COMBINED SINGLE L (Ea accident)	\$	1,000,000	
	OWNED SCHEDULED		Q07-5140025	7/1/2023	7/1/2024	BODILY INJURY (Per J	person) \$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per	accident) \$		
	AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUR	-					\$		
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$		
	DED RETENTION \$					AGGREGATE	\$		
				-		DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PARTY FOR EXPENSE)					PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA				E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EM	PLOYEE \$		
	DESCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLIC	Y LIMIT \$		
								11 300 5 300	
DEEC	PRINTION OF OREDATIONS (1.00 TEXTS)					***************************************			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Sched	ule, may be attached if mor	e space is require	ed)			
CER	RTIFICATE HOLDER			CANCELLATION					
	MO/ Division Co.			SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES	BE CANCE	LLED BEFORE	
	WV Divisions of Corrections Northern Correctional Facilit			THE EXPIRATION ACCORDANCE WIT	TH THE POLIC	Y PROVISIONS.	WILL BE C	ELIVERED IN	
	112 Northern Regional Corre		rive						

Moundsville, WV 26041

AUTHORIZED REPRESENTATIVE