

State of West Virginia Agency Request for Quote

Proc Folder: 1443417 Reason for Modification: Doc Description: HVAC Equipment & Repairs - WV Penitentiary/Old Wardens House **Proc Type:** Agency Master Agreement **Date Issued Solicitation Closes** Solicitation No Version 2024-07-02 10:30 ARFQ 0608 2024-06-07 DCR2400000133

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- T	275-0	- 1 W 11 W		MILLOIR

VENDOR

Vendor Customer Code: 000000 201569

Vendor Name : Powclling

Address: 170 Stringtown Rd

Street:

City: Belington

State: WY Country: VSA Zip: 26250

Principal Contact: Con Allen

Vendor Contact Phone: 304 - 621-7494 Extension:

FOR INFORMATION CONTACT THE BUYER

Herbert Mickey Skeens (304) 558-2350

herbert.m.skeens@wv.gov

Vendor

Signature X FEIN# 55-0490737

DATE 7/2/24

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

Date Printed: Jun 6, 2024

Page 1

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

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Powelline

Check this box if no subcontractors will perfor	m 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.

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.

Calffle Present
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington MY 26250
(Address)
304-621-7494
(Phone Number) / (Fax Number)
Powellinco Cyaha.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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)
Cald Olla Presentst
(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)
Powellinco Qyauhoo.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.

lecessary revisions to my proposar, plans a	ita of opposition, sie.
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
further understand that any verbal represed discussion held between Vendor's represed	eipt of addenda may be cause for rejection of this bid. I entation made or assumed to be made during any oral ntatives and any state personnel is not binding. Only the the specifications by an official addendum is binding.
Powell Inc	
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,	Carl Allan	, after being first duly sworn, depose and sta	ate as follows:
1.	I am an employee of	Powell Inc ; and, (Company Name)	,
2.	I do hereby attest that _	2	5
		for a drug-free workplace policy and that su with West Virginia Code §21-1D.	ch plan and
The a	above statements are swo	rn to under the penalty of perjury.	
		Printed Name: Carl Allon	(1000 to 1000
		Signature: alsale	······
		Title: Prosident	
		Company Name: Powell Inc	
		Date:7 2 24	
STA	ΓΕ OF WEST VIRGINIA,		
cou	NTY OF Barrow	, TO-WIT:	
Take	en, subscribed and sworn t	to before me this 2nd day of 304	_, 2024
Ву С	Commission expires	ne 3, 2006	
(Sea	OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KRISTIN HOWELL 170 Stringtown Road Belington WV My Commission Expires:06/03	26250	Rev. July 7, 201

Rev. July 7, 2017

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DCR24*133

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.

		<u>lumbers Received:</u> x next to each addendum rece	ived	l)	
[]	Addendum No. 1	[]	Addendum No. 6
[]	Addendum No. 2	Į	1	Addendum No. 7
1]	Addendum No. 3	[]	Addendum No. 8
[]	Addendum No. 4	[]	Addendum No. 9
]	3	Addendum No. 5	[]	Addendum No. 10
further undiscussion	ider: n he	stand that any verbal represent ld between Vendor's represen	atio tativ	n m res a	ddenda may be cause for rejection of this bid. I hade or assumed to be made during any oral and any state personnel is not binding. Only the diffications by an official addendum is binding.
					Company

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

Revised 6/8/2012

Authorized Signature

7/2/24 Date

ARFQ 0608 DCR2400000133

Request for Quotation

Equipment & Systems Maintenance & Repairs Contract West Virginia Penitentiary Training Building & Old Warden's Residence

- 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	And the second second second second
Email Address:	powellines eyanop.com	

End of Specifications...

West Virginia Penitentiary Training Building & Old Warden's Residence

ARFQ 0608 DCR2400000133 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

\$2,000.00	\$1,000.00	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 Price Per Each Time	Preventative Maintenance Unit of Measure	Preventative Maintenance

24	Suplotal	
9	2.1.1.1	

Unit Price Extended Amount 100 \$10,000.00 100 \$1,600.00 \$800.00 100 \$800.00			
100 S1 100 \$ 100	8	Hour	Emergency Labor Rate
100 Extended Amo 100 \$1	8	Hour	Holiday Labor Rate
100 Extended A	16	Hour	Overtime Labor Rate
-	100	Ношг	Regular Labor Rate
enance Cor	Corrective Maintenance Estimated Annual Hours *	Corrective Maintenance Unit of Measure	Correction Maintenance Hourly Rates

Subtotal B:

Parts	New Equipment, Devices, and Parts Markup Percentage Quote
\$5,000.00	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **
35.00%	New Equipment, Devices, and Parts Markup Percentage
\$6,750.00	New Equipment, Devices, and Parts Markup Percentage Extended Amount

Subtotal C:	
\$6,750.00	

adding subtotals	VERALL COST (by adding subtotals A. B. and C)
	R and C

Bidder/Vendor Information: Powell Inc	Inc	
Name: Carl Allen		
West Virginia Contractors License	WV003726	
Address:	170 Stringtown Road	
	Belington WV 26250	
Phone No.:	304-621-7494	
Fax No.:	N/A	
Email Address:	powellinco@yaboo.com	
Authorized Signature	(alsale	

NOTES:

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

** Estimated cost for bid evaluation purposes only.

SMETZ



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.

PRODU			such endorsement(s). CONTACT Suzanne Metz						
	r Krenzel Lett Insurance Group Vinfield Rd.			PHONE (A/C, No, Ext): FAX (A/C, No):					
	eld, WV 25213			E-MAIL ADDRESS: smetz@aklinsurance.com					
						RDING COVERAGE	NAIC:	#	
				INSURER A : Erie Insurance P&C (WV)					
INSURE	ED			INSURER B : NorthS	tone Insura	nce Company	13045		
	Powell, Inc.			INSURER C:					
	170 Stringtown Road Belington, WV 26250			INSURER D :					
	Beinigton, WV 20230			INSURER E :					
				INSURER F:					
			NUMBER:			REVISION NUMBER:			
CEF EXC	S IS TO CERTIFY THAT THE POLICIES OF ICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH POLICIES.	IREMI RTAIN, ICIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	IN OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO	T TO WHICH TH	HIS	
INSR LTR		L SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1.000	0,000	
A]	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Q43-5150108	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000	0,000	
						MED EXP (Any one person))	5,000	
						PERSONAL & ADV INJURY		0,000	
(GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE		0,000 0,000	
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	2,000	0,000	
	OTHER:					COMBINED SINGLE LIMIT	S		
_	AUTOMOBILE LIABILITY					(Ea accident)	B		
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	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)			
-	HIRED AUTOS ONLY					1	S		
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В	DED RETENTION \$	-			 	X PER OTH-	\$		
,	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCN6007904	12/3/2023	12/3/2024		s 1,00	0,000	
5	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED? Mandatory in NH)	4		2002/2000/00/00/00/00/00/00/00/00/00/00/		E.L. DISEASE - EA EMPLOYEE	1 00	0,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	1 00	0,000	
[DÉSCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT	Ψ		
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOR	D 101, Additional Remarks Sched	dule, may be attached if mo	ore space is requi	ired)			
Proof	of coverage.								
				CANOCILATION					
CER	TIFICATE HOLDER			CANCELLATION					
	WVDHS Division of Admin 818 Jefferson Ave			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Moundsville, WV 26041				AUTHORIZED REPRESENTATIVE					

BWILLIAMS



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)

this certificate does not confer rights to the certificate holder in lieu												
PRODUCER Cvechko Insurance Services 16356 Barbour County Highway Philippi, WV 26416						CONTACT Michael Cvechko PHONE (A/C, No, Ext): (304) 457-5433 FAX (A/C, No): (304) 457-9868						
						(A/C, No, Ext): (304) 457-5433 FAX (A/C, No): (304) 457-9868 E-MAIL ADDRESS: cvechkoinsurance@outlook.com						
				INSURER(S) AFFORDING COVERAGE				NAIC#				
						INSURER A : Erie Insurance Property & Casualty Company						
INSURED						INSURER B:						
Powell Properties Powell Inc & T/A						INSURER C:						
	Po Box 306				INSURER D:							
	Barboursville, WV 25504-030	16			INSURER E :							
						RF:						
COVERAGES CERTIFICATE NUMBER:							The state of the s	REVISION NUMBER:				
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$	152500000000000000000000000000000000000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
Α	OTHER: AUTOMOBILE LIABILITY	(1911)						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			Q07-5140025		7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
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	If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	Ф			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101. Additional Remarks Scheo	iule, may l	e attached if mo	re space is requi	red)				
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CE	RTIFICATE HOLDER				CAN	CELLATION						
WVDHS Division of Admin 818 Jefferson Ave Moundsville, WV 26041					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 ONLY							