

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

Proc Folder: 1367410 **Reason for Modification:** Doc Description: Equipment and Systems Maintenance and Repairs SMCC&J Proc Type: Agency Master Agreement Date Issued Solicitation Closes Solicitation No Version 2024-02-20 10:30 ARFQ 0608 DCR2400000087 2024-01-31

BID RECEIVING LOCATION			

VENDOR

Vendor Customer Code: ○○○○○○ ふいらしゅ

Vendor Name : Powell Inc

Address: 170 Stringtown Rd

Street:

City: Belington

Country: VSA Zip: 26250 State: WV

Principal Contact : Carl Allen

Vendor Contact Phone: 304-621- 7494 Extension:

FOR INFORMATION CONTACT THE BUYER

John S Caldwell (304) 558-9578

john.s.caldwell@wv.gov

Vendor

2/20/24 DATE FEIN# 55. 040737 Signature X

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

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

Jan 31, 2024 Page 1 Date Printed:

Subcontractor List Submission (Construction Contracts Only)

Check this box if no subcontractor project.	ctors will perform more than \$25,000.00 of work to complete the						
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.						

Bidder's Name: Powell Inc.

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.

Callle President
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington WV 26250
(Address)
304-621-7494
(Phone Number) / (Fax Number)
Powellinco Qyanoo, con
(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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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)
CISALLA Prest
(Authorized Signature) (Representative Name, Title)
(Printed Name and Title of Authorized Representative) (Date)
2/20/24
(Date)
Зоч-ыг · 749ч (Phone Number) (Fax Number)
(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.

recessary revisions to my proposar, p	or specification, etc.	
Addendum Numbers Received: (Check the box next to each addendu	m received)	
[] 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 additional discussion held between Vendor's re	the receipt of addenda may be cause for rejection representation made or assumed to be made due presentatives and any state personnel is not binded to the specifications by an official addendum	aring any oral ding. Only the
Company Authorized Signature		
2/20/24 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				
Authorized Signature:	A A A A A A A A A A A A A A A A A A A	Date: _	2120124	
State of				
County of <u>Corobac</u> , to-wit:				
Taken, subscribed, and sworn to before me this what	of <u>february</u>		, 20 <u>24</u> .	
My Commission expires <u>une 3</u>	, 20 <u>24</u> .			
AFFIX SEAL HERE	NOTARY PUBLIC	Kitm	Howell	

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

NOTARY PUBLIC
KRISTIN HOWELL
170 Stringtown Road Belington WV 26250
My Commission Expires:06/03/26



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

STATE OF WEST VIRGINIA, COUNTY OF Barbox, TO-WIT: Carl Allen , after being first duly sworn, depose and state as follows: Powell Inc ; and, I am an employee of 1. (Company Name) Powell inc 2. I do hereby attest that _____ (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: Carl Allen Signature: Title: President Company Name: Powell Inc Date: 420/24 Taken, subscribed and sworn to before me this 20 th day of February, 2024. (Seal) OFFICIAL SEAL STATE OF WEST VIRGINIA (Notary Public)

ARFQ 0608 DCR2400000087 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT SAINT MARY'S CORRECTIONAL CENTER AND JAIL

- 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: powellinco@yohoo.com

END OF SPECIFICATIONS

SAINT MARY'S CORRECTIONAL CENTER AND JAIL

ARFQ 0608 DCR2400000087 - 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	\$ 3850,000	3.00LL#
			Subtotal A:	\$ 7700.00
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	# do	4 9,000
Overtime Labor Rate	Hour	16	S 90	9 1,440
Holiday Labor Rate	Hour	8	\$ 40	₹ 720
Emergency Labor Rate	Hour	8	1 GO	9 720
New Equipment, Devices, and Parts Markun Percentage Quote	Estimated New Equipr Markup Perc	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	Subtotal B: New Equipment, Devices, and Parts Markup	New Equipment, Devices, and Parts Markup Percentage Extended
Parts	0,58	85,000.00	Percentage O·35 %	Amount V, TSD
			Subtotal C:	00.0357.9J#
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	26, 330, ∞
Bidder/Vendor Information: Powell Inc	Inc			
8	10000			
Address: 170 Stringth: 84	WY 403 160			
Beling hy W	Q			
Phone No.: 304-7021-7454				
Fax No.:				
Email Address: Dowell inco you	MOD. COM		and the second s	Manual Control of the
Authorized Signature				

NOTES:

*Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/7/2024

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).

th	is certificate does not confer rights t				uch end	orsement(s)		roquire all citut			Automont On
	DUCER IUr Krenzel Lett Insurance Group				CONTACT Justin Zwick NAME: PHONE (200) 284 0400 FAX (204) 586 2560						
332	7 Winfield Rd.			PHONE (A/C, No, Ext): (800) 381-0109 (A/C, No): (304) 586-2568 E-MAIL (A/C, No): (304) 586-2568							
Win	field, WV 25213										
					INSURER(S) AFFORDING COVERAGE INSURER A : Erie Insurance P&C (WV)						NAIC#
					1						26830
INSL	IRED					2000	one Insura	ince Company			13045
	Powell, Inc. 170 Stringtown Road				INSURER C:						
	Belington, WV 26250					INSURER D:					
					INSURER E:						
	VEDACES CED	TIFIC	. A T	T NUMBER	INSURE	RF:		DEMOION NUM	IDED		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICII			E NUMBER:	LIANE DE	EN ICCLIED 3	TO THE INCLU	REVISION NUM		UE D	OLICY PEDIOD
II C	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WIT	H RESPE	CT T	O WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	VVVD			(WIWI/DD/TTTT)	(MINI/OD/7777)	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			Q43-5150108		7/1/2023	7/1/2024	DAMAGE TO RENTI PREMISES (Ea occu		\$	1,000,000 5,000
),		MED EXP (Any one	6 - 1 - 3 - 3	\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	X POLICY PRO-								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		2,000,000
	Y POLICY JECT LOC									\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
		-						<u> </u>		\$	4 000 000
Α	X UMBRELLA LIAB X OCCUR			024 5470040		7/1/2023	7/1/2024	EACH OCCURRENCE	CE	\$	4,000,000
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-	DED RETENTION \$		-					V PER	OTH-	\$	***
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCN6007904		12/3/2023	12/3/2024	X PER STATUTE	OTH- ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		VVC(V0007504		12/3/2023	12/0/2024	E.L. EACH ACCIDE		\$	1,000,000
	If ves. describe under							E.L. DISEASE - EA			1,000,000
-	DÉSCRIPTION OF OPERATIONS below	+	-					E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
		1.50 /		D 404 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				L4\			
	scription of operations / Locations / VEHIO of of Coverage	LES (ACOR	D 101, Additional Remarks Sched	uie, may o	e attached ii mo	re space is requi	ireu)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
								DESCRIBED POLICE HEREOF. NOTICE			
	State Of West Virginia 2880 N Pleasants Highway				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE ACCORDANCE WITH THE POLICY PROVISIONS.						
	Saint Marys, WV 26170										_
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