

**EXHIBIT A – Pricing Page**  
**ARFQ DCR2500000102**

Section	Description	Unit of Measure	Estimated Quantity	Unit Cost	Extended Cost
3.1.1.1	Contract item #1 - Acorn Model 3325-M0028 15” Compact Lavatory with Multi-Sided Bowl – Replacement; or Equal	EA	12	1334.58	\$ 16,014.96
		<b>Overall Total Cost</b>			
		\$ 16,014.96			

Quantities are Estimated for Bid purposes ONLY. This is not a guaranteed sale.

Please note: This information is being captured for auditing purposes.

Vendor must complete the pricing page in full as failure to complete the Pricing Page in its entirety will result in Vendor's bid being disqualified.


The Pricing Page contains a list of the Contract Services and estimated service volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied

Any product or service not on the Agency provided Pricing Page will not be allowable. The state cannot accept alternate pricing pages, failure to use Exhibit A Pricing Pages will lead to disqualification of vendors bid.

Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

<b>BIDDER /VENDOR INFORMATION:</b>
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Vendor Name:	Red Vest Supply, LLC
Address:	1656 Lynnbrook Ct.
City, St. Zip:	Orient, OH 43146
Phone No.:	740-357-7375
Email Address:	<a href="mailto:govsales@redvestsupply.com">govsales@redvestsupply.com</a>



\_\_\_\_\_  
**Vendor Signature:**

5/19/2025

\_\_\_\_\_  
**Date:**

# Quotation

RED VEST SUPPLY  
604 Jett Street  
West Portsmouth, OH 45663  
Phone (740) 357-7371



**DATE** 05/15/25  
**Quotation #** ARFQ-0608-  
DCR2500000102  
**Customer ID** STWV

**Quotation For:**  
STATE OF WEST  
VIRGINIA

*Quotation valid until:* 06-15-2025

**Comments or Special Instructions:**

FULL SPEC SHEET IS ATTACHED

SALESPERSON	P.O. NUMBER	LEAD TIME	SHIP VIA	F.O.B. POINT	TERMS
Nikki Baffa		8-9 WEEKS			Net 30 Days

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
12	ACORN ENGINEERING 3325-1-BP-04-M 15" Compact Lavatory With Multi-Sided Bowl Replacement, Off-Floor, Wall Outlet, Bubbler, Penal, Air-Control, Hot & Cold, Metering EXACT SPECIFICATIONS: Multi-sided bowl measuring 12 3/4" x 8 1/4" x 5" deep with 1-1/4" NPT Female standard elbow waste outlet • Lavatory Valve arranged to support the fixture through the wall and services from the chase • Air-Control pneumatically operated, push-button valve using atmospheric air • Push button is vandal-resistant and requires less than 5 pounds to activate valve • Valve includes a 0.5 GPM flow control and remotely located up to 10ft from the operating push button • Fabricated from 14-gauge, 304 stainless steel • Seamless welded and exposed surfaces with satin finish • Countertop with an air-circulating raised rib soap holder • Cabinet interior sound deadened with fire-resistant material	\$ 1,334.58	\$ 16,014.96

SUBTOTAL	\$ 16,014.96
TAX RATE	0.00%
SALES TAX	\$ 0.00
OTHER	-
<b>TOTAL</b>	<b>\$ 16,014.96</b>

If you have any questions concerning this quotation, contact [sales@redvestsupply.com](mailto:sales@redvestsupply.com)



## Replace-Ware® 3325 Series

15" Compact Lavatory With Multi-Sided Bowl - Replacement



3325-1-BP-04

Fixture May Show Some Available Options

Please visit [www.acorneng.com](http://www.acorneng.com) for most current specifications.

### 15" Compact Lavatory With Multi-Sided Bowl - Replacement

**Acorn 3325 Compact Lavatory** is designed to replace a variety of existing fixtures, including but not limited to, the following manufacturers model numbers:

**ALUMINUM PLUMBING FIXTURE CORP. (Super Secur):** Taylor A-50, Taylor M-50.

**AMERICAN STANDARD:** Prison 0420 & 0430.

**CRANE:** Parvus 1-600.

**ELJER:** Gowanda 051-3467.

**KOHLER:** Chardon K-2475.

**Fixture** is arranged to be installed on finished wall and serviced from an accessible pipe chase.

**Fixture** is fabricated from 14 gage, type 304 stainless steel and is seamless welded construction with a satin finish. Cabinet interior is sound-deadened with fire-resistant material. There are no accessible voids or crevices where contraband can be concealed.

**Lavatory Multi-Sided Bowl** is 12-3/4" x 8-1/4" x 5" deep. Standard elbow waste outlet is 1-1/4" NPT female.

**Lavatory Valve** when specified, is arranged to support the fixture through the wall and serviced from the chase. Valve is an Air-Control pneumatically operated, pushbutton valve using atmospheric air. Pushbutton is vandal-resistant and requires less than 5 pounds to activate valve. Valve is direct acting, non-metering type and is optionally available as metering with non-hold open feature. Metering valve timing is adjustable from 5 to 60 seconds. Valve includes a 0.5 GPM flow control and can be remotely located up to 10 feet from the operating pushbutton. Optional valve and bubbler when selected conform with lead-free requirements for NSF61, Section 9, 1997 CHSC 116875.

**Regularly Furnished** items include a fast drain, integral raised rib soap holder, and 1-1/4" elbow waste outlet.

#### GUIDE SPECIFICATION

Provide and install Acorn Replace-Ware 15" wide Compact Lavatory (specify model number and options). Fixture shall be fabricated from 14 gage, type 304 stainless steel. Construction shall be seamless welded and exposed surfaces shall have a satin finish. Countertop shall have an air-circulating raised rib soap holder. Cabinet interior is sound-deadened with fire-resistant material. No fasteners are provided.

# Replace-Ware®: 3325 15" Compact Lavatory With Multi-Sided Bowl - Replacement



## WALL THICKNESS AND TYPE (Must Specify)

Thickness: \_\_\_\_\_ Type: ☐ Concrete ☐ Block ☐ Steel

## MODEL NUMBER AND OPTIONS SELECTION:

### BASE MODEL NUMBER

☒ -3325 15" Compact Lavatory - Replacement

### FIXTURE MOUNTING AND WASTE (Must Specify)

☒ -1 Off-Floor, Wall Outlet

### BUBBLER SELECTION (Must Specify)

- ☐ -BC Bubbler, Code  
☒ -BP Bubbler, Penal  
☐ -BPH Bubbler, Hemispherical  
☐ -LF Lav-Filler

### VALVE SELECTION (Must Specify)

- ☐ -03 Air-Control, Single Temp, Non-Metering  
☐ -03-M Air-Control, Single Temp, Metering  
☐ -04 Air-Control, H & C, Non-Metering  
☒ -04-M Air-Control, H & C, Metering  
☐ -9 Without Valves, Special Punching for: \_\_\_\_\_  
☐ -MA Manifolded Valve ☐ 2 ☐ 3 ☐ 4  
☐ -MH Metering, Hot Side Only

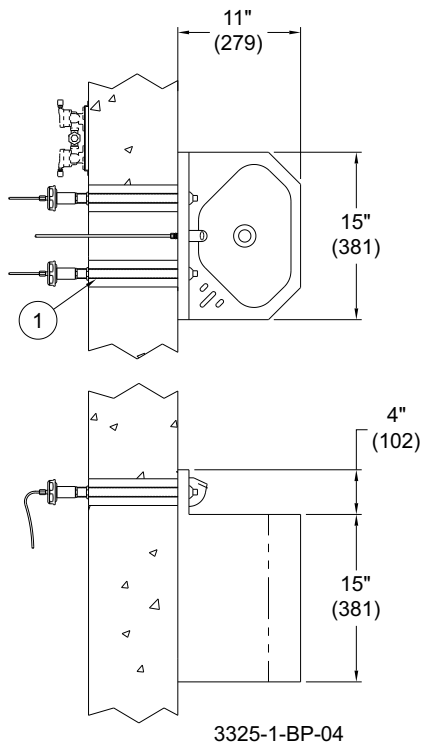
\* These valves are modified to provide fixture support.

## PRODUCT OPTIONS (Must Specify)

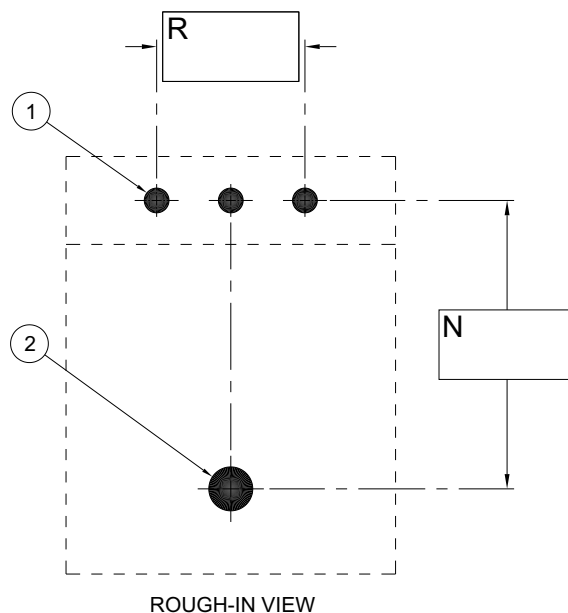
(See Penal-Ware® Model Numbers & Options Section)

- ☐ -3395 Anchoring Assembly  
☐ -BRS Brass Body Valve  
☐ -EG Enviro-Glaze, Specify Color: \_\_\_\_\_  
☐ -IS Integral Shelf  
☐ -OF Lavy Overflow  
☐ -OS 1 1/2" Lavy Waste Outlet  
☐ -PBH Hemispherical Pushbutton(s)  
☐ -PT P-Trap Waste  
☐ -TB Toothbrush Holder ☐ Left ☐ Right  
☐ -TH Towel Hook ☐ Single ☐ Double ☐ Left ☐ Right

Please visit [www.acorneng.com](http://www.acorneng.com)  
for most current specifications.



3325-1-BP-04



ROUGH-IN VIEW

### NOTES:

1. "R" DIMENSION: VALVE PUSHBUTTON / PUSHROD CENTERS; PUSHROD ASSEMBLY ANCHORS TOP OF FIXTURE TO WALL.
2. "N" DIMENSION: LAVY WASTE OUTLET LOCATION. 9" MINIMUM FOR ELBOW WASTE OUTLET AND 8" MINIMUM FOR OPTIONAL -PT P-TRAP OUTLET. MUST SPECIFY.

**WARNING:** Cancer and Reproductive Harm - [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)

<p><b>Important:</b> Installation instructions and current rough-in are furnished with each fixture. Do not rough in without certified dimensions.  Dimensions are subject to manufacturer's tolerance of plus or minus 1/4" and change without notice. Acorn assumes no responsibility for use of void or superseded data. © Copyright 2009 Acorn Engineering Company</p>	
<p>Selection Summary</p> <p>Model No. &amp; Option _____</p> <p>Quantity _____</p>	<p>Approved for Manufacturing</p> <p>Company _____ Title _____</p> <p>Signature _____ Date _____</p>

**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.**

Red Vest Supply, LLC

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(Name, Title)

Michael Lackey - President/ Owner

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(Printed Name and Title)

1656 Lynnbrook Ct. Orient, OH 43146

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(Address)

740-357-7375

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(Phone Number) / (Fax Number)

govsales@redvestsupply.com

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(E-mail address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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.

By signing below, I further certify that I understand that this Contract is subject to the provisions of West Virginia code and rules and applicable adopted procedures; therefore, purchases and contracts violating West Virginia Code and rules are void and of no effect.

Red Vest Supply, LLC

(Company)



President/ Owner

(Authorized Signature)

Representative Name, Title)

Michael Lackey - President/ Owner

(Printed Name & Title of Authorized Representative)

5/19/2025

(Date)

740-357-7375

(Phone Number) (Fax Number)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2024

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 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).

<b>PRODUCER</b> Coverdash  286 5th Ave  New York NY 10001		<b>CONTACT</b> NAME: Coverdash Agents PHONE (A/C, No, Ext): E-MAIL ADDRESS: agents@coverdash.com		<b>FAX</b> (A/C, No):
<b>INSURED</b> Red Vest Supply, LLC 604 Jett Street  West Portsmouth Ohio 45663		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : THE STANDARD FIRE INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		<b>NAIC #</b> 19070

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	002Y472318	2024-04-22	2025-04-22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate was generated automatically by the insured through the Coverdash self service portal.

The Commonwealth and its agents as an Additional Insured for the contract resulting from the solicitation. Additional insured protection afforded is on a primary and non-contributory basis.

## CERTIFICATE HOLDER

## CANCELLATION

Finance and Administration Cabinet, DCM Office of Procurement Services  200 Mero Street, 5th Floor  Frankfort KY 40622		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  
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Coverdash		
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE