

State of West Virginia Agency Request for Quote

Proc Folder: 1574301

Doc Description: Equipment and Systems Maintenance and Repairs at MOCCJ

Proc Type: Agency Master Agreement

Date Issued Solicitation Closes Solicitation No Version

DCR2500000061

ARFQ 0608

BID RECEIVING LOCATION	

VENDOR

2024-12-15

Vendor Customer Code: 000000203565

2024-12-18

10:30

Vendor Name: TRI-STATE ROOFING & SHEET METAL CO OF WV

Address: PO BOX 1231 CHARLESTON, WV 25324

Street: 321 HARRIS DR

City: POCA

State: WV Country: USA Zip: 25159

Principal Contact: BRANDON C MERRIMAN

Vendor Contact Phone: 304-755-8135 Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor Signature X

B-Wf-

FEIN# 55-059156

DATE

2

12/18/2024

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

Date Printed: Dec 15, 2024

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

ADDITIONAL INFORMATION

The West Virginia Division of Corrections and Rehabilitation (DCR) is soliciting bids to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the Mount Olive Correctional Complex and Jail, 1 Mountainside Way, Mount Olive, West Virginia 25185 in Fayette County.

INVOICE TO		SHIP TO	
MT OLIVE CORRECTIONAL CENTER		DIVISION OF CORRECTIONS	
ONE MOUNTAINSI	DE WAY	MT OLIVE CORRECTIONAL CENTER	
		1 MOUNTAINSIDE WAY	
MT OLIVE	WV	MT OLIVE WV	
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Overall Cost				
				15	

Comm Code	Manufacturer	Specification	Model #	
72151201				

Extended Description:

Equipment and Systems Maintenance and Repairs Contract

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T.	2024-12-09
2	Deadline for Questions Due is 2:00 PM E.S.T.	2024-12-11
3	Bid Due By 10:30 AM E.S.T.	2024-12-18

Dec 15, 2024

	Document Phase	Document Description	Page 3
DCR2500000061	Final	Equipment and Systems Maintenance and Repairs at MOCCJ	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Mount Olive Correctional Complex and Jail

ARFQ 0608 DCR2500000061 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

Preventative Maintenance	Preventative Maintenance Unit of Measure	Preventative Maintenance Number of Times Per Year	 tive Maintenance ce Per Each Time	 tative Maintenance ended Amount
Equipment and Systems				
Equipment and Systems	Biannual	2	\$ 9,750.00	\$ 19,500.00

\$19,500.00

Correction Maintenance Hourly Rates	Corrective Maintenance Unit of Measure	Corrective Maintenance Estimated Annual Hours *	Correcti	ve Maintenance Init Price	Co	orrective Maintenance Extended Amount
Regular Labor Rate	Hour	100	\$	105.00	\$	10,500.00
Overtime Labor Rate	Hour	16	\$	142.00	\$	2,272.00
Holiday Labor Rate	Hour	8	\$	164.00	\$	1,312.00
Emergency Labor Rate	Hour	8	\$	143.00	\$	1,144.00

Subtotal B: \$	15,228.00
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New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended Amount
Parts	\$20,000.00	20%	\$ 24,000.00

W.	Subtotal C: \$	24,000.00

	-	
OVERALL COST (by adding subtotals A, B, and C)	\$	58,728.00

Bidder/Vendor Information:	
Name:	TRI-STATE ROOFING & SHEET METAL CO OF WV
West Virginia Contractors License	WV000104
Address:	PO BOX 1231
	CHARLESTON, WV 25324
Phone No.:	304-755-8135
Fax No.:	304-755-575
Email Address:	CHARLESTON@TRI-STATESERVICE.COM
Authorized Signature	ara -

NOTES:

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

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

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, p	lans and/or specification, etc.	
Addendum Numbers Received:		
(Check the box next to each addendu	m received)	
[X] Addendum No. 1	[] Addendum No. 6	
[] Addendum No. 2	[] Addendum No. 7	
[] Addendum No. 3	[] Addendum No. 8	
[] Addendum No. 4	[] Addendum No. 9	
[] Addendum No. 5	[] Addendum No. 10	
further understand that any verbal discussion held between Vendor's reinformation issued in writing and add	he receipt of addenda may be cause for rejection of this bisepresentation made or assumed to be made during any oppresentatives and any state personnel is not binding. Only led to the specifications by an official addendum is binding. SHEET METAL CO OF WV	ora the
Company		
Anh J		
Authorized Signature		
12/18/2024		
Date		

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

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.

SAM CLEAVENGER, HVAC SERVICE MANAGER	
(Name, Title) SAM CLEAVENGER, HAC SERVICE MANAGER	
(Printed Name and Title) PO BOX 1231 CHARLESTON, WV 25324	7
(Address) 304-755-8135/304-755-5275	
(Phone Number) / (Fax Number) CHARLESTON@TRI-STATESERVICE.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.

TRI-STATE ROOFING & SHEET METAL CO OF WV
(Company)
Bahr fri
(Authorized Signature) (Representative Name, Title)
BRANDON C MERRIMAN, VICE PRESIDENT 12/18/2024
(Printed Name and Title of Authorized Representative) (Date)
12/18/2024
(Date)
304-755-8135/ 304-755-5275
(Phone Number) (Fax Number)
BMERRIMAN@TRI-STATESERVICE.COM
(Email Address)



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

1	I am an employee of; and,
1.	(Company Name)
2.	I do hereby attest that TRI-STATE ROOFING & SHEET METAL CO OF WV
	(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: BRANDON C MERRIMAN
	Signature:
	Title: VICE PRESIDENT
	Company Name: TRI-STATE ROOFING & SHEET METAL CO OF WA
	Date: 12/18/2024
STA	TE OF WEST VIRGINIA,
COL	NTY OF PUTNAM , TO-WIT:
Take	n, subscribed and sworn to before me this 18 day of DECEMBER, 2024
	ommission expires MARCH 12, 2029
(Sea	
	ELIZABETH HENDERSON Notary Public Official Seal State of West Virginia My Comm. Expires Mar 12, 2029 Tri-State Roofing & Sheet Metal Co. PO Box 1231 Charleston WV 25324 (Notary Public) Rev. July 7, 20

ARFQ 0608 DCR2500000061 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

1.15 CONTRACTOR DEFAULT:

- A. The following shall be considered a Contractor default under this Contract.
 - 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: _	SAM CLEAVENGER
Telephone Number:	304-755-8135
Fax Number:304	1-755-5275
Email Address:	CHARLESTON@TRI-STATESERVICE.COM

END OF SPECIFICATIONS

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: TRI-STATE ROOFING & SHEET METAL CO OF WV

X Check this box if no subcontractors will perform 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.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2024

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 terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Brenda S Stickrod AAI			
Marsh & McLennan Agency LLC		No): 859-254-8020		
360 East Vine Street, Ste 200	E-MAIL ADDRESS: Brenda.Stickrod@MarshMMA.com			
Lexington, KY 40507	INSURER(S) AFFORDING COVERAGE	NAIC#		
859 254-8023	INSURER A: Westfield Insurance Company	24112		
INSURED	INSURER B:			
Tri-State Roofing & Sheet Metal Company	INSURER C:			
of West Virginia	INSURER D:			
P.O. Box 1231	INSURER E :			
Charleston, WV 25234	INSURER F:			

COVERAGES

CERTIFICATE 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 ASSESSMENT OF A SECURIFY MAY BE ISSUED OR MAY REPTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

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 TYPE OF INSURANCE

ADDL SUBR INSR WVD

POLICY EFF (MM/DD/YYYY)

4	X COMMERCIAL GENERAL LIABILITY	CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR	The state of the s		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
				1	MED EXP (Any one person)	s10,000
					PERSONAL & ADV INJURY	\$1,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER:			-	GENERAL AGGREGATE	\$2,000,000
1	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$2,000,000
1	OTHER:					S
	AUTOMOBILE LIABILITY	CMM5942244	04/30/2024	04/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-	X ANY AUTO				BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$
	V HIRED V NON-OWNED				PROPERTY DAMAGE (Per accident)	\$
t	X Drive Oth Car			(r d, decident)	\$	
Α	X UMBRELLA LIAB X OCCUR	CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE	s 5 ,000,000
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$5,000,000
ľ	DED X RETENTION \$0					\$
	WORKERS COMPENSATION				PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	S
					E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER	CANCELLATION

FOR INFORMATION PURPOSES ONLY

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

Chi P. Barnett

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CONTRACTOR LICENSE



West Virginia Contractor Licensing Board

NUMBER:

WEST VIRGINIA

CTOR LICENSING

WV000104

CLASSIFICATION:

HEATING, VENTILATING & COOLING SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL CO DBA TRI STATE ROOFING & SHEET METAL CO PO BOX 1231 CHARLESTON, WV 25324-1231

DATE ISSUED

EXPIRATION DATE

AUGUST 01, 2024

AUGUST 01, 2025

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.