



State of West Virginia  
Agency Request for Quote

<b>Proc Folder:</b> 1266584		<b>Reason for Modification:</b>	
<b>Doc Description:</b> Equipment and Systems Maintenance and Repairs Contract		Added Addendum 1:	
<b>Proc Type:</b> Agency Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2023-08-15	2023-08-18 10:30	ARFQ 0608 DCR2400000002	2

**BID RECEIVING LOCATION**

**VENDOR**

Vendor Customer Code:

Vendor Name : Nitro Construction Services

Address : 4300 First Ave

Street :

City : Nitro

State : WV

Country : USA

Zip : 25143

Principal Contact : Jamie Kuhn

Vendor Contact Phone: 304-204-1555 Extension: 1536

**FOR INFORMATION CONTACT THE BUYER**

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

Vendor  
Signature X

FEIN#

20-8844160

DATE

8/18/2023

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

**ADDITIONAL INFORMATION**

Equipment and Systems Maintenance and Repairs Contract

INVOICE TO		SHIP TO	
TIGER MORTON JUVENILE CENTER 60 MANFRED HOLLAND WAY		TIGER MORTON JUVENILE CENTER 60 MANFRED HOLLAND WAY	
DUNBAR US	WV	DUNBAR US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Overall Cost				\$ 21,760.00

Comm Code	Manufacturer	Specification	Model #
72151201			

**Extended Description:**  
Equipment and Systems Maintenance and Repairs Contract

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T.	2023-08-04
2	Deadline for Questions Due is 2:00 PM E.S.T.	2023-08-11
3	Bid Due By 10:30 AM E.S.T.	2023-08-18

	Document Phase	Document Description	Page 3
DCR2400000002	Final	Equipment and Systems Maintenance and Repairs Contract	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

	Document Phase	Document Description	Page 4
DCR2400000002	Final	Equipment and Systems Maintenance and Repairs Contract	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**SOLICITATION NUMBER: ARFQ 0608 DCR2400000002**  
**Addendum Number: 1**

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The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

Attachment of vendor questions and responses  
Attachment of Exhibit D Pricing Page  
Attachment of Non-Mandatory Pre-Bid Sign-in Sheet

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# ATTACHMENT A

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: ARFQ 0608 DCR240000002

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.

Addendum Numbers Received:

*(Check the box next to each addendum received)*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

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.

N. Tro Construction Services  
Company

Jamie Kurl  
Authorized Signature

8/18/23  
Date

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

Addendum 1  
ARFQ 0608 DCR2400000002

Equipment and Systems Maintenance and Repairs Contract

- The Excel file for the pricing page (or the email of the DCR Director of Engineering, Construction, and maintenance)

1. Please see attached.

- The Bid Bond Form (I only see the attached referencing the bid bond – with 5%)

2. A bid bond is not required for the ARFQ.

- Can you please confirm if you all provide the belts and filters or if the contractor would?

3. This would be provided by the contractor

# Pre-Bid Sign-In Sheet

Solicitation Number: ARFD 0608 DCR240000000002  
 Date of Pre-Bid Meeting: August 4, 2023  
 Location of Prebid Meeting: 60 Manfred Holland Way  
Dunbar, WV 25064

**Please Note:**

Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting.  
 Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid.  
 For further verification, please also provide a business card if possible.

Firm Represented:*	Rep Name (Printed):	Firm Address:	Telephone #:	Fax #:	Email:
DSO Mechanical	Bob Harless	515 3rd Ave. P.O. Box 8482 So. Charleston WV 25303	304-744- 8479	304-744- 8491	bharless@DSO mech.com
Powell INC.	John Stone	170 Stringtown Rd Belington WV 26258	304 621 7494		Powellinc 249hoo.com
DcBna Kuesel	Jason - Banky Josh Stealing Shawna Ellis	2102 13 <sup>th</sup> Street Ashland Ky 41101	606 471-4370		JStealing @DKEMCOR.COM
Casto Technical	Ben Lancaster	540 Leon Sullivan Way Charleston WV 25301	304-807 0327		Blancaster@ Castotech.com

**\*One Vendor Per Representative** - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.

JAMES H. TIGER MORTON JUVENILE CENTER

ARFQ 0608 DCR240000002 - EQUIPMENT AND SYSTEM 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	Bi-Annual	2	\$1,500.00	\$3,000.00

Subtotal A: 3,000.00

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	\$86.00	8,600.00
Overtime Labor Rate	Hour	16	\$130.00	2,080.00
Holiday Labor Rate	Hour	8	\$130.00	1,040.00
Emergency Labor Rate	Hour	8	\$130.00	1,040.00

Subtotal B: 12,760.00

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
New Equipment, Devices, and Parts	\$5,000.00	1.20 %	6,000.00

Subtotal C: 21,760.00

OVERALL COST (by adding subtotals A, B, and C) 21,760.00

<b>Bidder/Vendor Information:</b>	
Name:	Astro Construction Services
Address:	4300 First Ave Astro, WV 25143
Phone No.:	304-204-1555
Fax No.:	304-204-1350
Email Address:	ikubn@astrocs.com
Authorized Signature:	<i>[Signature]</i>

NOTES:

\* Quantities are estimated for bid evaluation purposes only.

\*\* Estimated cost for bid evaluation purposes only.



**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.

Janie Kuhn, HVAC Project Mgr  
(Name, Title)  
Janie Kuhn HVAC Project Manager  
(Printed Name and Title)  
4300 First Ave Nitro, WV 25143  
(Address)  
304-204-1555 304-204-1350  
(Phone Number) / (Fax Number)  
jkuhn@nitrocs.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 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 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 Vendor in a contractual relationship; and that to the best of my knowledge, Vendor has properly registered with any State agency that may require registration.

Nitro Construction Services  
(Company)  
Janie Kuhn HVAC Project Mgr  
(Authorized Signature) (Representative Name, Title)  
Janie Kuhn HVAC Project Manager 8/18/23  
(Printed Name and Title of Authorized Representative) (Date)  
8/18/23  
(Date)  
304-204-1555 304-204-1350  
(Phone Number) (Fax Number)  
jkuhn@nitrocs.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.

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*(Check the box next to each addendum received)*

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|--|--|
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| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

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.

D.tro Construction Services  
Company

  
Authorized Signature

8/18/23  
Date

NOTE: This addendum acknowledgment 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: Nitro Construction Services

Authorized Signature: [Signature] Date: 8/18/23

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 18 day of August, 2023

My Commission expires April 3, 2023

**AFFIX SEAL HERE**



**NOTARY PUBLIC**

[Signature]

*Purchasing Affidavit (Revised 03/09/2019)*



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

**STATE OF WEST VIRGINIA,**

**COUNTY OF Putnam, TO-WIT:**

I, Jamie Kuhn, after being first duly sworn, depose and state as follows:

- 1. I am an employee of Natro Construction Services; and,  
(Company Name)
- 2. I do hereby attest that Natro Construction Services  
(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: Jamie Kuhn

Signature: [Handwritten Signature]

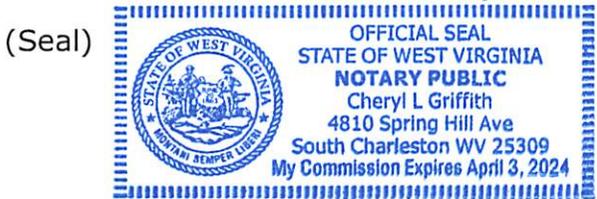
Title: HVAC Project Manager

Company Name: Natro Construction Services

Date: 8/18/23

Taken, subscribed and sworn to before me this 18 day of August, 2023.

By Commission expires April 3, 2024



[Handwritten Signature]  
(Notary Public)

ARFQ 0608 DCR2400000003  
REQUEST FOR QUOTATION  
EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT  
JAMES H. TIGER MORTON JUVENILE CENTER

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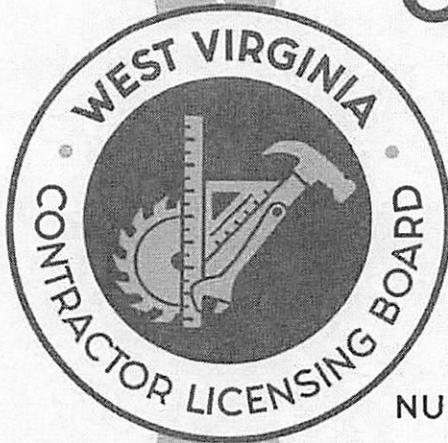
- 4) Failure to remedy deficient performance upon request.

**1.15 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: Jamie Kuhn  
Telephone Number: 304-204-1555  
Fax Number: 304-204-1350  
Email Address: jkuhn@nitrocs.com

**END OF SPECIFICATIONS**



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV042601

**CLASSIFICATION:**

ELECTRICAL  
GENERAL BUILDING  
HEATING, VENTILATING & COOLING  
PIPING  
SPECIALTY  
LOW VOLTAGE SYSTEMS  
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC  
DBA NITRO MECHANICAL SERVICES  
4300 1ST AVE #2  
NITRO, WV 25143-1001

**DATE ISSUED**

JUNE 13, 2023

**EXPIRATION DATE**

JUNE 13, 2024

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arch Insurance Company <b>INSURER B:</b> Starr Indemnity & Liability Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 11150 38318

**COVERAGES**      **CERTIFICATE NUMBER:** W27421387      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZAGLB9222206	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZACAT9243306	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1000588155231	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<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 No	N/A	ZAWCI9402606	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance	<b>CANCELLATION</b> 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 