

State of West Virginia Agency Request for Quote

- Committee			
D F.I.I.	4000040		
Proc Folder:	1298916		Reason for Modification:
Doc Description:	Equipment and Systems M	aintenance and Repairs SCRJCF	
Proc Type:	Agency Master Agreement		
Date Issued	Solicitation Closes	Solicitation No	Version
2023-09-25	2023-10-17 10:30	ARFQ 0608 DCR2400000047	1
MANAGE STATE STATES SECTIONS			
BID RECEIVING L	OCATION		
Annual Control of the			
			185
VENDOR			
Vendor Customer	Code: 00000301569		
Vendor Name :			
Address: 170 S	undianika		
Street :			
City: Belington		Country	7in : 1(-250)
State: WV		Country: VSA	Zip: 24,250
Principal Contact	: Carl Allen		
Vendor Contact P	Phone:	Extension:	
FOR INFORMATION Philip K Farley	ON CONTACT THE BUYER		
(304) 549-1050			
philip.k.farley@wv.	gov		
Vendor	Man		10/2-102
Signature X	al della	FEIN# 55-0490737	DATE 10/20/23

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

Date Printed: Sep 25, 2023

Page 1

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

Subcontractor List Submission (Construction Contracts Only) Bidder's Name: Powelling Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project. License Number if Required by Subcontractor Name W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary.

Revised 11/01/2022

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.

13/1 Present
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington W2425D
(Address) 304-621.7494
(Phone Number) / (Fax Number)
(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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

Powelline
(Company)
Cal 3 Ma Preseld
(Authorized Signature) (Representative Name, Title)
Carl Allen President
(Printed Name and Title of Authorized Representative) (Date)
10/20/23
(Date)
304-621-7494
(Phone Number) (Fax Number)
Powell incoe yaras, can
(Email Address)
Revised 11/01/2022

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.

			1
Acknowledgment: I hereby acknowledge red necessary revisions to my proposal, plans and/		pt of the following addenda and have made specification, etc.	the
Addendum Numbers Received: (Check the box next to each addendum receive	?d)		
[] Addendum No. 2 [] Addendum No. 3 [] Addendum No. 4 []	Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 Addendum No. 10	
further understand that any verbal representations discussion held between Vendor's representations.	ati iv	of addenda may be cause for rejection of this bit on made or assumed to be made during any ces and any state personnel is not binding. Only becifications by an official addendum is binding.	oral the
Powell Inc. Company			
Authorized Signature			
10 20 23 Date			
NOTE: This addendum acknowledgement sho processing.	эu	ld be submitted with the bid to expedite docum	ient

Revised 11/01/2022

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.

NOTARY PUBLIC KRISTIN HOWELL 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

STAT	E OF WEST VIRGINIA,		
COU	NTY OF Barroas	_, TO-WIT:	
I, <u></u>	ari Allen	, after being first duly sworn, depose and state as follows:	
1.	I am an employee of	(Company Name); and,	
2.	I do hereby attest that	Powell Inc (Company Name)	
	maintains a written plan f policy are in compliance v	for a drug-free workplace policy and that such plan and with West Virginia Code §21-1D.	
The a	bove statements are sworr	n to under the penalty of perjury.	
		Printed Name: Corl Allon	
		Signature:	
		Title: President	
		Company Name: <u>Powellinc</u>	
		Date: 10/20/23	
Taker	, subscribed and sworn to	before me this 20th day of 00tobor, 2023	.•
Ву Со	mmission expires <u>lune</u> 3	3020	
(Seal)	OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KRISTIN HOWELL 170 Stringtown Road Belington WV 263 My Commission Expires:06/03/26	(Notary Public) Rev. July 7, 20	

ARFQ 0608 DCR2400000047 REQUEST FOR QUOTATION

EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT

South Central Regional Jail and Correctional Facility

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: COCI Allen
Telephone Number: 304-621-7494
Fax Number: NIA
Email Address: Downline Rychoc Com

END OF SPECIFICATIONS

SOUTH CENTRAL REGIONAL JAIL AND CORRECTIONAL FACILITY

ARFQ 0608 DCR240000047 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

	Preventative	Preventative		
Preventative Maintenance	Maintenance Unit of	Maintenance Number of	Freventative Maintenance	Pre
	Measure	Times Per Year	Unit Price Fer Each Time	Extended Amount
Equipment and Systems				
Equipment and Systems	Biannual	2	യ. ഡിം	®,000,0€
			Subtotal A:	Subtotal A: 6 9 000 .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	063	\$4000 co
Overtime Labor Rate	Hour	16	063	8 1447,00
Holiday Labor Rate	Hour	8	Oto is	D. O.C. 18
Emergency Labor Rate	Hour	8	060	3 720.W
			Subtotal B:	00'088'11
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipn Markup Perc	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	\$5,00	\$5,000.00	1.35 %	3
			Subtotal C:	مهر150.00 ء
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	୦୦: ୦ଟର ,୮2 ଏ
/Vendor Informat	Inc.			
Address: VI Strings	100		Service Service	
Colored States	36			

NOTES:

Authorized Signature

Email Address: Down Clype D Pyphop. Com

Delinator VM 210250

Phone No.:

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

POWEINC-01

SMETZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/4/2023

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). CONTACT Suzanne Metz NAME: PHONE (A/C, No, Ext): E-MAILESS: SMETZ@aklinsurance.com Arthur Krenzel Lett Insurance Group FAX (A/C, No): 3327 Winfield Rd. Winfield, WV 25213 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Erie Insurance P&C (WV) 26830 INSURED INSURER B : NorthStone Insurance Company 13045 Powell, Inc. INSURER C: PO Box 306 INSURER D Barboursville, WV 25504 INSURER E : INSURER F **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 POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER X Α COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrer 1,000,000 Q43-5150108 7/1/2023 7/1/2024 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE X POLICY PRO-JECT 2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED HIRED AUTOS ONLY X X OCCUR UMBRELLA LIAB 4,000,000 EACH OCCURRENCE Q31-5170019 **EXCESS LIAB** 7/1/2023 7/1/2024 4,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WCN6007904 12/3/2022 12/3/2023 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. EACH ACCIDENT N N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of coverage. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. South Central Regional Jail and Correctional Facility 1001 Centre Way Charleston, WV 25309 AUTHORIZED REPRESENTATIVE Duzanne

ACORD 25 (2016/03)

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