

State of West Virginia Agency Request for Quote

Proc Folder: 1299302 Reason for Modification: Doc Description: Equipment and Systems Maintenance and Repairs SWRJCF Proc Type: Agency Master Agreement Date Issued **Solicitation Closes** Solicitation No Version 2023-10-18 2023-09-26 10:30 ARFQ 0608 DCR2400000049 1

BID RECEIVING LOCATION	

VENDOR

Vendor Customer Code: 00000301569

Vendor Name : Powell Inc

Address: 170 Stringtown Rd

Street:

City: Belington

State: W Country: State Zip: 24250

Principal Contact : Carl Allen

Vendor Contact Phone: Extension: 304-621-7494

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050

philip.k.farley@wv.gov

Vendor Signature X

Signature X (al all FEIN# 55. 040737

DATE 10/2013

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

Date Printed:

Sep 26, 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 per	form more than \$25,000.00 of work to complete th	e
project.	·	
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.	
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		20000000
		ure se on a tracement und regional inclusiv

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.

Cal Selle Presett
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington WV 26250
(Address)
304-621-7494
(Phone Number) / (Fax Number)
pourllines Eyahos.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

Powelline
(Company)
ASM Prosel
(Authorized Signature) (Representative Name, Title)
Carl Alten President
(Printed Name and Title of Authorized Representative) (Date)
10/20/23
(Date)
304-621-7494
(Phone Number) (Fax Number)
<u>posellinco Quahas.con</u> (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 a necessary revisions to my proposal, plans ar	receipt of the following addenda and have made the id/or specification, etc.
Addendum Numbers Received:	
(Check the box next to each addendum rece	ived)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4	[] Addendum No. 6 [] Addendum No. 7 [] Addendum No. 8 [] Addendum No. 9
[] Addendum No. 5	[] Addendum No. 10
further understand that any verbal represe discussion held between Vendor's represen	eipt of addenda may be cause for rejection of this bid. I ntation made or assumed to be made during any oral tatives and any state personnel is not binding. Only the he specifications by an official addendum is binding.
Powell Inc	
Company	
Cal Selle	
Authorized Signature	
10/20123	
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:	[Date: 10 120 123	
State of			
County of Barbour, to-wit:			
Taken, subscribed, and sworn to before me this with day o	f October	, 202	<u>s</u> .
My Commission expires	, 20 <u>34</u> .		
AFFIX SEAL HERE	NOTARY PUBLIC	Katino Hou	eli

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

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 Boxlow, TO-WIT:	
I,, after being first duly sworn, depose and state as follow	s:
1. I am an employee of; and, (Company Name)	
2. I do hereby attest that Powell Inc (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 Allon	
Signature:	
Title: President	
Company Name: Powell Inc	
Date: 10/20/23	
Taken, subscribed and sworn to before me this 20th day of 000000, 2023	
By Commission expires June 3, 2024	
(Seal) (Notary Public)	
(Notally Labile)	



Rev. July 7, 2017

ARFQ 0608 DCR2400000049 REQUEST FOR QUOTATION

EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT

Southwestern 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 Allon
Telephone Number: 304-021-7494

Fax Number: WIA

Email Address: Powellinco@yonan.com

END OF SPECIFICATIONS

SOUTHWESTERN REGIONAL JAIL AND CORRECTIONAL FACILITY

ARFQ 0608 DCR2400000049 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

	Preventative	Preventative	Presentative Maintenance	Presentative Maintenance
Preventative Maintenance	Maintenance Unit of Measure	Maintenance Number of	Unit Price Per Each Time	
Equipment and Systems				
Equipment and Systems	Biannual	2	¥ 5355.00	00,011,01.₩
			Subtotal A:	
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	Ago	00,000,PM
Overtime Labor Rate	Hour	16	00 0	on onh'l
Holiday Labor Rate	Hour	8	00 \$	3,720,00
Emergency Labor Rate	Hour	8	9 4O	\$ 720.00
			Subtotal B:	00' 038'II E
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equip Markup Per	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	\$5,0	\$5,000.00	1.35 %	€ 6,750,00
			Subtotal C:	4 Le, 756.00
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	\$ 29,340.00
Bidder/Vendor Information: Pout Inc	Inc			
Name: Carl Allon			The state of the s	
Option				
Delinghe MN 2Lors	250			
2000				

NOTES:

Email Address: PONUCII Inter O Longo Com

Authorized Signature

ax No.:

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

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 confor rights to the certificate holder in liquid such and cromment(s).

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of s						50 Y S 117 S on Bernous W. Trong (UTB) The
PRODUCER					CONTACT Suzanne Metz					
	ur Krenzel Lett Insurance Group				PHONE FAX (A/C, No, Ext): (A/C, No):					**********
	7 Winfield Rd. field, WV 25213					ss: smetz@a	aklinsuranc		-	
•••••	neid, TT LOL 10				ADDRE					
							THE RESERVE OF THE PARTY OF THE	RDING COVERAGE		NAIC#
						RA: Erie Ins				26830
INSU	RED				INSURE	R в : NorthSt	tone Insura	nce Company		13045
	Powell, Inc.				INSURE	RC:				
	PO Box 306				INSURE	RD:				
	Barboursville, WV 25504				INSURE	RE:				
					INSURE					
00	VERAGES CER	TIEL	ATE	NUMBED.	INOUNE			DEVICION NUMBER.	_	
	The second secon			NUMBER:	/	EEN JOOUED 3		REVISION NUMBER:		LIOVACEDIOD
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME FAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY		77.40	A		ATTENDED LITTE	ATTICO (1 1 1.1)			1,000,000
	CLAIMS-MADE X OCCUR			Q43-5150108		7/1/2023	7/1/2024	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000
	SE MINE IN SEC.			W-10-0100		11112023	11112024			5,000
								MED EXP (Any one person) \$		1,000,000
								PERSONAL & ADV INJURY \$	_	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG S		2,000,000
	OTHER:							s	Energy (
\$21C-103	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
	ANY AUTO	8						(Ea accident) S		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person) \$	North Control	
			3					BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
								s		
Α	X UMBRELLA LIAB X OCCUR			C				EACH OCCURRENCE \$		4,000,000
	EXCESS LIAB CLAIMS-MADE			Q31-5170019		7/1/2023	7/1/2024	AGGREGATE \$		4,000,000
	DED RETENTION \$									
В		107 TEX. 1			A		- 48	X PER STATUTE OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCN6007904		12/3/2022	12/3/2023			1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					12,0,2020	E.L. EACH ACCIDENT \$		1,000,000
								E.L. DISEASE - EA EMPLOYEE \$		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI of of coverage.	LES (A	COR) 101, Additional Remarks Sched	dule, may b	e attached if mor	e space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
CERTIFICATE HOLDER South Western Regional Jail 1300 Gaston Caperton Rd Holden, WV 25625					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					