

State of West Virginia Agency Request for Quote

Proc Folder:	1290633		Reason for Modification:
Doc Descriptio	n: Equipment and Systems	Maintenance and Repairs Contract VDJC	
Proc Type:	Agency Master Agreeme	ent	
Date Issued	Solicitation Closes	Solicitation No	Version
2023-09-11	2023-10-05 10:30	ARFQ 0608 DCR2400000019	1

BID RECEIVING LOCATION		

Vendor Customer Code: 000000 201569

Vendor Name : Powcll Inc

Address: 170 Stringtown Rd

Street:

VENDOR

City: Belington

State: WY Country: VSA Zip: 210250

Principal Contact : CON Allon

Vendor Contact Phone: 304-621-7494 Extension:

FOR INFORMATION CONTACT THE BUYER

Mary R Kemper 304-957-8226

mary.r.kemper@wv.gov

Vendor Signature X

FEIN# 55. 0490737

DATE 1015123

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

Date Printed: Sep 11, 2023

Page 1

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

Subcontractor List Submission (Construction Contracts Only)

Ponell Inc

Bidder's Name:		
	form more than \$25,000.00 of work to complete the	
Subcontractor Name	License Number if Required by 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.

Cal Sella Preside
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington WYZ6250
(Address)
304-421-7494
(Phone Number) / (Fax Number)
powell incop yahow.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

Powell Inc
(Company)
Elle Present
(Authorized Signature) (Representative Name, Title)
Carl Allen President
(Printed Name and Title of Authorized Representative) (Date)
1015133 (Date)
304-621-7494
(Phone Number) (Fax Number)
Powellines eyouno, con
(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 receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

necessary revisions to my proposar, plans an	d, or specification, etc.
Addendum Numbers Received:	
(Check the box next to each addendum recei	ved)
[] 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 represent discussion held between Vendor's represent	ript of addenda may be cause for rejection of this bid. Intation made or assumed to be made during any oratatives and any state personnel is not binding. Only the specifications by an official addendum is binding.
Company	
assalle	
Authorized Signature	
10/5/23	
Date	
NOTE This allow down as low and address on the	should be submitted with the hid to expedite docume

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.

Vendor's Name: Powell Inc Authorized Signature: Date: 1015133 State of WV County of Parvin , to-wit: Taken, subscribed, and sworn to before me this 5th day of Character , 2033. My Commission expires Wt 3 , 2030.

AFFIX SEAL HERE

WITNESS THE FOLLOWING SIGNATURE:

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

NOTARY PUBLIC Strong House

Purchasing Affidavit (Revised 03/09/2019)



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

STAT	E OF WEST VIRGINIA,	
COUN	NTY OF Barbour	_, TO-WIT:
I,	Carl piles	, 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 _	(Company Name)
		for a drug-free workplace policy and that such plan and with West Virginia Code §21-1D.
The a	bove statements are swo	rn to under the penalty of perjury.
		Printed Name: Carl Allen
		Signature:
		Title: President
		Company Name: Powellinc
		Date:
Taker	n, subscribed and sworn to	o before me this 5 th day of 000000, 2003.
Ву Со	ommission expires <u>line</u>	3,2006
(Seal)	Kigtin Haves
	OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KRISTIN HOWELL 170 Stringtown Road Belington WV 26250 My Commission Expires:06/03/26	(Notary Public) Rev. July 7, 2017

ARFQ 0608 DCR2400000019 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT VICKI V. DOUGLAS JUVENILE CENTER

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: Carl Allan
Telephone Number: 304-421-7494
Fax Number: MA
Email Address: Powell Inc Courte Com

END OF SPECIFICATIONS

VICKI V. DOUGLAS JUVENILE CENTER

ARFQ 0608 DCR2400000019 - EQUIPMENT AND SYSTEM MAINTENANCE AND REPAIRS CONTRACT PRCING PAGE

Bidder/Vendor Information: Howell Inc. Name: Carl Biller Address: 170 Shranghan Rd Address: 170 Shranghan Rd Phone No.: 304-621-784 Fax No.: 144 Email Address: Powell income Authorized Signature		New Equipment, Devices, and Parts	New Equipment, Devices, and Parts Markup Percentage Quote		Emergency Labor Rate	Holiday Labor Rate	Overtime Labor Rate	Regular Labor Rate	Correction Maintenance Hourly Rates		Equipment and Systems	Equipment and Systems	Preventative Maintenance Ma
Novice in		\$5,0	timated New Equip Markup Pero		Hour	Hour	Hour	Hour	Corrective Maintenance Unit of Measure		Bi-Annual		Preventative Maintenance Unit of Measure
	OVERALL COST (b)	\$5,000.00	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **		8	~	16	100	Corrective Maintenance Estimated Annual Hours		2		Preventative Maintenance Number of Times Per Year
	Subtotal C: OVERALL COST (by adding subtotals A, B, and C)	1.35 %	New Equipment, Devices, and Parts Markup Percentage	Subtotal B:	0h#	Oh	100	3,40	Corrective Maintenance Unit Price	Subtotal A: 45	#a 150.00		Preventative Maintenance Unit Price Per Each Time
	150.∞ 150.∞	\$ W.750.00	New Equipment, Devices, and Parts Markup Percentage Extended Amount	<u>\$11.980.00</u>	O0'07L.		M. J. UUD.CO	2	Corrective Maintenance Extended Amount	45.500.00	100.00.00	1 177 27	Preventative Maintenance Extended Amount

NOTES:

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

** Estimated cost for bid evaluation purposes only.

SMETZ

ACORD CE

CERTIFICATE OF LIABILITY INSURANCE

9/14/2023

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).

this certificate does not confer rights to the						
PRODUCER	CONT	ACT Suzanne Metz				
Arthur Krenzel Lett Insurance Group 3327 Winfield Rd.	PHON (A/C,	E No, Ext):	FAX (A/C, No):			
Winfield, WV 25213	E-MA ADDR	E-MAIL ADDRESS: smetz@aklinsurance.com				
		INSURER(S) AFFORD	ING COVERAGE	NAIC#		
	INSUI	RERA: Erie Insurance P&C	(WV)	26830		
INSURED	INSUI	RER B : NorthStone Insuran	ce Company	13045		
Powell, Inc.	INSUI	INSURER C:				
PO Box 306	INSU	INSURER D:				
Barboursville, WV 25504	INSU	INSURER E:				
4.00	INSU	INSURER F:				
COVERAGES CERTIF	ICATE NUMBER:	R	EVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	UIREMENT, TERM OR CONDITION OF RTAIN, THE INSURANCE AFFORDED	ANY CONTRACT OR OTHER I BY THE POLICIES DESCRIBE	DOCUMENT WITH RESPECT	TO WHICH THIS		

POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 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 2,000,000 X POLICY PRO-JECT 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) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 4,000,000 A X X OCCUR UMBRELLA LIAB EACH OCCURRENCE 4,000,000 7/1/2023 7/1/2024 Q31-5170019 CLAIMS-MADE **EXCESS LIAB** AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 WCN6007904 12/3/2022 12/3/2023 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 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
Vicki V Douglas Juvenile Center 900 Emmett Rousch Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Martinsburg, WV 25401	AUTHORIZED REPRESENTATIVE