

State of West Virginia **Agency Request for Quote**

Proc Folder: 1269548 Reason for Modification: Doc Description: Equipment and Systems Maintenance and Repairs Contract DRKJC **Proc Type:** Agency Master Agreement Date Issued **Solicitation Closes** Solicitation No Version 2023-08-02 2023-08-28 10:30 ARFQ 0608 DCR2400000013

BID RECEIVING LOCATION		980

VENDOR

Vendor Customer Code: 0000000001509

Vendor Name: Powell Inc.

Address: 170 Stringtown Rd

Street:

City: Belington

State: WV

Country: VSA

Zip: 26250

Principal Contact: Cort Allen

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 8/28/23

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

Date Printed: Aug 2, 2023

Page 1

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



State of West Virginia Agency Request for Quote

Proc Folder: 1269548

Doc Description: Equipment and Systems Maintenance and Repairs Contract DRKJC

Reason for Modification:

Added Addendum 2 with the correct shipping and invoice

location.

Proc Type:

Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2023-08-03	2023-08-28 10:30	ARFQ 0608 DCR2400000013	Version
		DOI\240000013	2

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AND THE RESERVE							2007	м

VENDOR

Vendor Customer Code: 00000 301569

Vendor Name : Powell Inc.

Address: 170 Stringtown Rd

Street:

City: Belington

State: WV Country: USA Zip: 26250

Principal Contact : Corl Allen

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 - 049 01 37

DATE 8128123

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

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ 0608 DCR24000000013

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 necessary revisions to my proposal, plans	e receipt of the following addenda and have made the and/or specification, etc.
Addendum Numbers Received: (Check the box next to each addendum rec	reived)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	[] Addendum No. 6 [] Addendum No. 7 [] Addendum No. 8 [] Addendum No. 9 [] Addendum No. 10
discussion held between Vendor's represen	ceipt of addenda may be cause for rejection of this bid. I entation made or assumed to be made during any oral ntatives and any state personnel is not binding. Only the the specifications by an official addendum is binding.
Company	
Authorized Signature	
8128123 Date	

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

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Powell Inc

project.	
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.

CARL. HII Resent
(Name, Title)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington WV 26250
(Address)
304.621.7494
(Phone Number) / (Fax Number)
Powelling Oyahoo. 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)
2/3/1/2 President
(Authorized Signature) (Representative Name, Title)
Court Allen President
(Printed Name and Title of Authorized Representative) (Date)
8/28/23
(Date)
304-621-7494
(Phone Number) (Fax Number)
Powellines @yanes.com
(Èmail Address)

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

"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: 8128123
State of WY	
County of <u>Barbor</u> , to-wit:	
Taken, subscribed, and sworn to before me this 200 day	of <u>August</u> , 20 <u>23</u> .
My Commission expires	, 20
AFFIX SEAL HERE	NOTARY PUBLIC Knoten House

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 Box TO-WIT: I, <u>Carl Allen</u>, after being first duly sworn, depose and state as follows: 1. I am an employee of _____ Powell inc (Company Name); and, I do hereby attest that ______ Powell loc 2. (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 Allen Signature: Title: President Company Name: Powell Inc Date: <u>8128123</u> (Seal)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2023

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.

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 Arthur Krenzel Lett Insurance Group 3327 Winfield Rd. PHONE (A/C, No, Ext): FAX (A/C, No): Winfield, WV 25213 E-MAIL ADDRESS: smetz@aklinsurance.com 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. ADDL SUBR INSR TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR Q43-5150108 DAMAGE TO RENTED PREMISES (Ea occurrence) 7/1/2023 7/1/2024 1,000,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2.000.000 GENERAL AGGREGATE X POLICY PRO-JECT LOC 2,000,000 PRODUCTS - COMP/OP AGG OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO SCHEDULED AUTOS BODILY INJURY (Per person) OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY A X UMBRELLALIAR X OCCUR 4,000,000 EACH OCCURRENCE \$ EXCESS LIAB Q31-5170019 CLAIMS-MADE 7/1/2023 7/1/2024 4,000,000 **AGGREGATE** \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WCN6007904 12/3/2022 12/3/2023 1,000,000 N N/A E.L. EACH ACCIDENT 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 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 Donald R Kuhn Juvenile Center THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1 Lory Place Julian, WV 25529 AUTHORIZED REPRESENTATIVE

Donald R. Kuhn Juvenile Center

ARFQ 0608 DCR2400000013 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

			51	a
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		Times Let Leaf		
Equipment and Systems	Biannual	2	\$ 5485.00	\$ 11,370.00
			Subtotal A: I	\$ 11370.00
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	How	100	G ₂ C ₂ C	19.000 a
Overtime Labor Rate	Нош	16	90.00	30 CHU (S)
Holiday Labor Rate	Hour	8	8, 48	W 170.00
Emergency Labor Rate	How	8	90.W	€ 720,0°
			Subtotal B.	\$ 11,880.00
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	ent, Devices, and Parts	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended
Parts	\$5,000.00	0.00	1.25 %	\$ 6,250.00
			Subtotal C	\$ 6,250.00
		OVERALL COST (OVERALL COST (by adding subtotals A, B, and C)	\$ 29,500.00
Name: Cort Piller				
170 Strin				
Phone No.: 304-621-7494				
24				
Authorized Company	7			
o lot other				

NOTES:

Quantities are estimated for bid evaluation purposes only.
 Estimated cost for bid evaluation purposes only.