


Pricing Page - Exhibit A
 ARFQ 0608 DCR240000124
 Division of Corrections and Rehabilitation - Denmar
 Propane Delivery

<u>Item</u>	<u>Location</u>	<u>Terminal Location</u>	<u>Estimate Usage*</u> (annual)	<u>OPIS Cost of Propane</u> <u>Per Gallon as of the</u> <u>Index Price on</u> <u>May 24, 2024</u>	<u>Firm Fixed</u> <u>Markup</u>	<u>Extended Cost</u>
3.1	Denmar Correctional Ctr & Jail 4319 Hillsboro, WV	Mt. Belview	96500	.7188	1.49	\$ 143,785.00

* Estimated quantities are for bidding purposes only, more or less may be utilized by the Agency.

Bidder/Vendor Information

Vendor: _____
 Contact Person: _____
 Address: _____
 Phone: _____
 Fax: _____
 FEIN: _____
 Authorized Signature: _____

Southern States- Philippi Service
 ERIC TITCHNELL - manager
 42 Depot St
 Philippi WV 26416
 304-457-2441
 304-457-2470
 54-0387200


ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ - DCR2400000124

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

Southern States - Phillip Service
Company

[Signature]
Authorized Signature

6-4-2024
Date

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

REQUEST FOR QUOTATION
ARFQ DCR24*124
Propane Fuel for Denmar

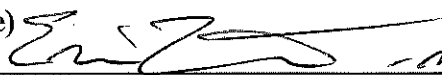
7.2.3 Any other remedies available in law or equity.

8. MISCELLANEOUS:

- 8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor'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. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Eric Titchnell
Telephone Number: 304-457-2441
Fax Number: 304-457-2470
Email Address: eric.titchnell@ssc00p.com

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.

(Name, Title)  - MANAGER

(Printed Name and Title) Eric Titchnell - MANAGER

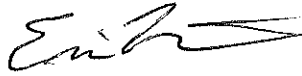
(Address) 412 Depot St., Philippi, WV 26416

(Phone Number) / (Fax Number) 304-457-2441 / 304-457-2470

(E-mail address) eric.titchnell @ sscorp.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 for that product or service, unless otherwise stated herein; that the 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 the 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 the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand that this Contract is subject to the provisions of West Virginia code and rules and applicable adopted procedures; therefore, purchases and contracts violating West Virginia Code and rules are void and of no effect.

(Company) Southern States - Philippi
(Authorized Signature) Representative Name, Title  - MANAGER
(Printed Name & Title of Authorized Representative) Eric Titchnell - Manager
(Date) 6-4-2024
(Phone Number) (Fax Number) 304-457-2441 / 304-457-2470

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.:

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Southern States Philippi

Company


Authorized Signature

6-4-2024
Date

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23260	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

General Liability Policy No. GGL99999923 - Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.

Auto Policy No. CA 853594A - \$1,000,000 SIR / Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.

Re: Southern States Cooperative, Inc. - Elkins Service, 1200 S. Davis Avenue, Elkins, WV 26241.

INSURER AFFORDING COVERAGE: Southern States Insurance Exchange NAIC#: 15709
 POLICY NUMBER: CAP99999923 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability-Any Auto	CSL	\$1,000,000
Auto Physical Damage	Comp/Coll Deductible	\$1,000

ADDITIONAL REMARKS:
 Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

INSURER AFFORDING COVERAGE: James River Insurance Company NAIC#: 12203
 POLICY NUMBER: 00066533-8 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess General Liability	Each Occ/Agg	\$5,000,000