



State of West Virginia
Agency Request for Quote


Proc Folder: 1446082			Reason for Modification:
Doc Description: HVAC Equipment & Repairs - Northern Correctional Facility			
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-06-11	2024-07-02 10:30	ARFQ 0608 DCR2400000132	1

BID RECEIVING LOCATION


VENDOR

Vendor Customer Code: 000000001569
Vendor Name : Powell Inc
Address : 170 Stringtown Rd
Street :
City : Belington
State : WV Country : USA Zip : 26020
Principal Contact : Carl Allen
Vendor Contact Phone: 304-621-7494 Extension:


FOR INFORMATION CONTACT THE BUYER
Herbert Mickey Skeens
(304) 558-2350
herbert.m.skeens@wv.gov

Vendor Signature X  FEIN# 55-0490737 DATE 7/2/24

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)
Carl Allen President
(Printed Name and Title)
170 Stringtown Rd Belington WV 26050
(Address)
304-621-7494
(Phone Number) / (Fax Number)
powellinco@yahoo.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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 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..

Powell Inc
(Company)

(Authorized Signature) (Representative Name, Title)
Carl Allen President
(Printed Name and Title of Authorized Representative) (Date)
7/2/24
(Date)
304-621-7494
(Phone Number) (Fax Number)
powellinco@yahoo.com
(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.

Addendum Numbers Received:

(Check the box next to each addendum received)

- 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

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.

Powell Inc

Company



Authorized Signature

7/2/24

Date

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



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

I, Carl Allen, after being first duly sworn, depose and state as follows:

- I am an employee of Powell Inc; and,
(Company Name)
- 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 Allen
 Signature: [Handwritten Signature]
 Title: President
 Company Name: Powell Inc
 Date: 7/2/24

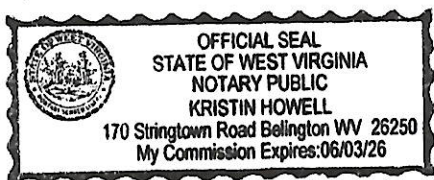
STATE OF WEST VIRGINIA,

COUNTY OF Barbour, TO-WIT:

Taken, subscribed and sworn to before me this 2nd day of July, 2024.

By Commission expires June 3, 2026

(Seal)



Kristin Howell
(Notary Public)

ARFQ 0608 DCR240000132
Request for Quotation
Equipment & Systems Maintenance & Repairs Contract
Northern Correctional Facility

- 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 Allen
Telephone Number:	304-621-7494
Fax Number:	N/A
Email Address:	powellinc@yahoo.com

End of Specifications...

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ DCR24*132

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 type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input 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.

Powell Inc

Company



Authorized Signature

7/2/24

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

Northern Correctional Facility

ARFQ 0608 DCR240000132 - Equipment and Systems Maintenance and Repairs Contract Pricing Page


Preventative Maintenance Equipment and Systems	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	Biannual	2	\$2,250.00	\$4,500.00
			Subtotal A:	\$4,500.00

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	100	\$10,000.00
Overtime Labor Rate	Hour	16	100	\$1,600.00
Holiday Labor Rate	Hour	8	100	\$800.00
Emergency Labor Rate	Hour	8	100	\$800.00
			Subtotal B:	\$13,200.00

New Equipment, Devices, and Parts Markup Percentage Quote	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	\$5,000.00	35.00%	\$6,750.00
		Subtotal C:	\$6,750.00

OVERALL COST (by adding subtotals A, B, and C) \$24,450.00

Bidder/ Vendor Information: Powell Inc

Carl Allen
 West Virginia Contractors License WV003726
 Address: 170 Stringtown Road
 Beilington WV 26250
 Phone No.: 304-621-7494
 Fax No.: N/A
 Email Address: powellinc@yahoo.com
 Authorized Signature 

NOTES:
 * Quantities are estimated for bid evaluation purposes only.
 ** Estimated cost for bid evaluation purposes only.

