



State of West Virginia  
Agency Request for Quote

<b>Proc Folder:</b> 1389947		<b>Reason for Modification:</b>	
<b>Doc Description:</b> Preventative Kitchen Equipment Maintenance - Denmar			
<b>Proc Type:</b> Agency Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2024-03-06	2024-03-20 10:30	ARFQ 0608 DCR2400000094	1

**BID RECEIVING LOCATION**

WV DIVISION OF ADMINISTRATIVE SERVICES  
1124 SMITH STREET  
SECOND FLOOR  
CHARLESTON WV 25301  
US

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :** CIMLO, Inc.

**Address :** 2336 Virginia Ave.

**Street :**

**City :** Hurricane

**State :** WV

**Country :** USA

**Zip :** 25526

**Principal Contact :** Darren P. Griffith

**Vendor Contact Phone:** 304 562-7705

**Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Tina R Withrow  
304-558-9093  
tina.r.withrow@wv.gov

**Vendor  
Signature X**

**FEIN#**

55-0749511

**DATE**

3/20/24

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

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.: ARFQ 0608 DCR240000094**

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 type="checkbox"/> Addendum No. 6  |
| <input checked="" 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.

CIMCO, Inc.  
Company

Dana P. Griffith  
Authorized Signature

3/20/2024  
Date

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

**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.

Darren P. Griffith Service Manager  
(Name, Title)  
Darren P. Griffith Service Manager  
(Printed Name and Title)  
2336 Virginia Ave Hurricane, WV 25526  
(Address)  
304 562-7705 304 397-4178  
(Phone Number) / (Fax Number)  
Dgriffith@cimco.wv.com  
(E-mail address)

**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.

CIMCO, Inc.  
(Company)  
Darren P. Griffith Darren P. Griffith Service Manager  
(Authorized Signature) (Representative Name, Title)  
Darren P. Griffith Service Manager  
(Printed Name and Title of Authorized Representative)  
3/20/2024  
(Date)  
304 562-7705 304 397-4178  
(Phone Number) (Fax Number)



**REQUEST FOR QUOTATION  
ARFQ 0608 DCR240000094**

**Preventative Kitchen Equipment Maintenance – Denmark Correctional Center & Jail**  
the facility.

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**10 VENDOR DEFAULT:**

**10.1.** The following shall be considered a vendor default under this Contract.

**10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.

**10.1.2.** Failure to comply with other specifications and requirements contained herein.

**10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

**10.1.4.** Failure to remedy deficient performance upon request.

**10.2.** The following remedies shall be available to Agency upon default.

**10.2.1.** Cancellation of the Contract.

**10.2.2.** Cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**11 MISCELLANEOUS:**

**11.1. 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.

<b>Contract Manager:</b>	Darren P. Griffith
<b>Telephone Number:</b>	304 562-7705
<b>Fax Number:</b>	304 397-4178
<b>Email Address:</b>	Dgriffith@cimcowv.com



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

I, Darren P. Griffith, after being first duly sworn, depose and state as follows:

1. I am an employee of CIMCO, Inc.; and,  
(Company Name)
2. I do hereby attest that CIMCO, 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: Darren P. Griffith  
 Signature: Darren P. Griffith  
 Title: Service Manager  
 Company Name: CIMCO, Inc.  
 Date: \_\_\_\_\_

STATE OF WEST VIRGINIA,

COUNTY OF Putnam, TO-WIT:

Taken, subscribed and sworn to before me this 20 day of March, 2024.

By Commission expires July 12, 2028

(Seal)



Tessa L. Baker  
(Notary Public)



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 exceeds 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: CIMCO, Inc.

Authorized Signature: *Damon P. Griffith* Date: 3/20/2024

State of West Virginia

County of Futran, to-wit:

Taken, subscribed, and sworn to before me this 20 day of March, 2024

My Commission expires July 12, 2028

**AFFIX SEAL HERE**

NOTARY PUBLIC *Tessa L. Baker*



**Denmar Correctional Center**  
**Kitchen Equipment**  
**ARFQ 0608 DCR2400000094**  
**Exhibit B**

<b>Unit Description</b>	<b>Manufacturer</b>	<b>Model Number</b>	<b>Serial Number</b>
Dishwasher	Champion	44KB	R2693
Convection Oven	Duke	E101-E	20JJJD0164
Gas Fryers	Vulcan	Tk65-2	481381991
Mixer	Hobart	H600	11-373-329
Mixer	Hobart	A200	31-1321-333
Potato Peeler	Insinger	50 VP2	03017
Gas Tilt Skillet	Cleveland	KEL-40-T	WT6856-04C-01
Gas Tilt Skillet	Vulcan	VG30	46-3015153
Tilt Pots	Crown	EC-10	11241-110-1015
Gas Stove	Samsung	MX58H5600SS/AA	OBBG7DAJ2016582
Holder	Vulcan	VHFA18	521013219
Proffer/Holder	Metro	Metro C5 1 Series	CFCME036939
Holder	Metro	Metro C5 3 Series	C5HLE011497
Refrigerator	Central	69K-031	4002676
Freezer	True	T-72F	8714003
Slicer	VollRath	SLM2501S	K086-00454595-009
Ice Dispenser	Scotsman	ID150	
Ice Maker	Ice-o-matic	ICEF006HAZ	14111280011496
Walk-in Freezer			
Walk-in Cooler			



**Exhibit A - Pricing Page**  
**ARFQ 0608 DCR2400000094**

**Preventative Kitchen Equipment Maintenance - Denmark Correctional Center & Jail**

Item #	Description	Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
4.1.1.8	Regular Labor Rate	Hour	80	\$115.60	\$9,248.00
4.1.1.9	Overtime Labor Rate	Hour	40	\$158.00	\$6,320.00
4.1.1.10	Holiday Labor Rate	Hour	40	\$170.00	\$6,800.00
4.1.1.11	Emergency Labor Rate	Hour	40	\$150.00	\$6,000.00
4.1.2	Quarterly Preventative Maintenance	Each	4	\$1,397.00	\$5,588.00
8	Flat Rate Travel Charge	Each	10	\$450.00	\$4,500.00
<b>Grand Total</b>					<b>\$45,088.00</b>

Parts Quote Item #	Description	Estimated New Equipment, Devices, & Parts Markup Percentage Costs**	New Equipment, Devices, & Parts Markup Percentage	New Equipment, Devices, & Parts Markup Extended Amount	
4.1.4	Parts	\$ 5,000.00	1.40	\$ 7000.00	
<b>Grand Total</b>					<b>\$ 45,088.00</b>

Vendor must complete the Price Page in full as failure to complete the Pricing Page in its entirety will result in Vendor's bid being disqualified. A no bid will result in Vendor's bid being disqualified.

**Bidder/Vendor Information:**

Name: CIMCO, Inc  
 Address: 2336 Virginia Ave  
Huntersville, NC 28526  
 Phone No.: 304 562-7205  
 Fax No.: 304 397-4178  
 Email Address: pgriener@cimcovv.com  
 Authorized Signature: Dawn P. Griener

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





# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV025512

**CLASSIFICATION:**

HEATING, VENTILATING & COOLING  
PIPING  
PLUMBING  
SPECIALTY

CIMCO INC  
DBA CIMCO INC  
PO BOX 480  
CULLODEN, WV 25510

**DATE ISSUED**

MAY 25, 2023

**EXPIRATION DATE**

MAY 25, 2024

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2023

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).

<b>PRODUCER</b> George H. Friedlander Company 1566 Kanawha Blvd. E. Charleston WV 25311	<b>CONTACT NAME:</b> Jeff O'Dell	
	<b>PHONE (A/C, No, Ext):</b> 304-357-4520 <b>FAX (A/C, No):</b> 304-345-8724 <b>E-MAIL ADDRESS:</b> jeffodell@friedlandercompany.com	
<b>INSURED</b> Cimco, Inc. P O Box 480 Culloden WV 25510-0480	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : Travelers Insurance	25674
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

**COVERAGES**      **CERTIFICATE NUMBER:** 1370092587      **REVISION NUMBER:**

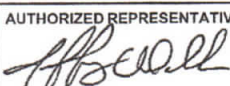
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CO-5J777287-23	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BA-9M453429-23	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-4J428679-23	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	UB-0L10858A-23	5/1/2023	5/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 WC includes Broad Form Employers Liability, WV 23-4-2  
 Per Project Aggregate applies when required by written contract.

Evidence of Insurance

**CERTIFICATE HOLDER**      **CANCELLATION**

TO WHOM IT MAY CONCERN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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