

Mount Olive Correctional Complex and Jail

ARFQ 0608 DCR2500000061 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

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 Equipment and Systems	Biannual	2	2,400	4800

Subtotal A: 4800

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	90	9000
Overtime Labor Rate	Hour	16	125	2000
Holiday Labor Rate	Hour	8	160	1280
Emergency Labor Rate	Hour	8	125	1000

Subtotal B: 13280

New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage Extended Amount
Parts	\$20,000.00	25% 6250

Subtotal C: 6250

OVERALL COST (by adding subtotals A, B, and C) 24330

Bidder/Vendor Information:	
Name:	HE Neumann
West Virginia Contractors License	WV000004
Address:	100 Middle Creek Rd Tridelpia WV 26059
Phone No.:	304-629-4582
Fax No.:	
Email Address:	kwatson@heneumann.com
Authorized Signature	<i>Karla Watson</i>

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

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.

Karin Watson - Sales

(Name, Title)

Karin Watson

(Printed Name and Title)

100 Middlecreek Rd + Philadelphia WV

(Address)

304-639-4582

(Phone Number) / (Fax Number)

KWatson@heneumann.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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..

HE Neumann

(Company)

Karin Watson - Sales

(Authorized Signature) (Representative Name, Title)

Karin Watson 12/13/24

(Printed Name and Title of Authorized Representative) (Date)

12/13/24

(Date)

304-639-4582

(Phone Number) (Fax Number)

KWatson@heneumann.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)

- | | |
|---|--|
| <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.

HE Neumann

Company

Kann Watson

Authorized Signature

12/13/24

Date

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

ARFQ 0608 DCR250000061
REQUEST FOR QUOTATION
EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

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: Karin Watson

Telephone Number: 304-639-4502

Fax Number: _____

Email Address: kwatson@heneumann.com

END OF SPECIFICATIONS



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

I, Karin Watson, after being first duly sworn, depose and state as follows:

1. I am an employee of HE Neumann; and,
(Company Name)
2. I do hereby attest that _____
(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: Karin Watson
 Signature: Karin Watson
 Title: Sales
 Company Name: HE Neumann
 Date: 12/13/24

STATE OF WEST VIRGINIA,

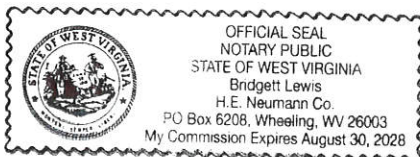
COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 13 day of Dec, 2024.

By Commission expires 8-30-28

(Seal)

Bridgett Lewis
(Notary Public)





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

I, Karin Watson, after being first duly sworn, depose and state as follows:

1. I am an employee of HE Neumann; and,
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Printed Name: Karin Watson
Signature: Karin Watson
Title: Sales
Company Name: HE Neumann
Date: 12/13/24

STATE OF WEST VIRGINIA,

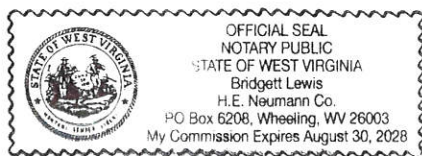
COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 13 day of Dec, 2024.

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(Seal)

Bridgett Lewis
(Notary Public)





CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV000004

CLASSIFICATION:

- ELECTRICAL
- GENERAL BUILDING
- GENERAL ENGINEERING
- HEATING, VENTILATING & COOLING
- MULTIFAMILY
- PIPING
- PLUMBING
- RESIDENTIAL
- SPECIALTY

H E NEUMANN COMPANY
DBA H E NEUMANN COMPANY
PO BOX 6208
WHEELING, WV 26003

DATE ISSUED

EXPIRATION DATE

AUGUST 07, 2024

AUGUST 07, 2025

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.

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**H E NEUMANN COMPANY
2100 MIDDLE CREEK RD
TRIADDELPHIA, WV 26059-0000**

BUSINESS REGISTRATION ACCOUNT NUMBER: **1034-0944**

This certificate is issued on: 06/24/2011

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

