



**ADDITIONAL INFORMATION**

The West Virginia Division of Corrections and Rehabilitation (DCR) is soliciting bids to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the Lakin Correctional Center and Jail, 11264 Ohio River Road, West Columbia, West Virginia 25287 in Mason County.

INVOICE TO		SHIP TO	
LAKIN CORRECTIONAL FACILITY		LAKIN CORRECTIONAL FACILITY	
11264 OHIO RIVER RD		11264 OHIO RIVER RD	
WEST COLUMBIA	WV	WEST COLUMBIA	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Overall Cost				49,760

Comm Code	Manufacturer	Specification	Model #
72151201			

**Extended Description:**  
Equipment and Systems Maintenance and Repairs Contract

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T.	2024-12-10
2	Deadline for Questions Due is 2:00 PM E.S.T.	2024-12-12
3	Bid Due By 10:30 AM E.S.T.	2024-12-19

	Document Phase	Document Description	Page 3
DCR2500000062	Final	Equipment and Systems Maintenance and Repairs at LCCJ	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

	Document Phase	Document Description	Page 4
DCR250000062	Final	Equipment and Systems Maintenance and Repairs at LCCJ	

**ADDITIONAL TERMS AND CONDITIONS**

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LAKIN CORRECTIONAL CENTER AND JAIL

ARFQ 0608 DCR2500000062 - 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	6,050	12,100

Subtotal A: 12,100


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	95	9,500
Overtime Labor Rate	Hour	16	130	2,080
Holiday Labor Rate	Hour	8	130	1,040
Emergency Labor Rate	Hour	8	130	1,040

Subtotal B: 13,660

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	\$20,000.00	20 %	24,000

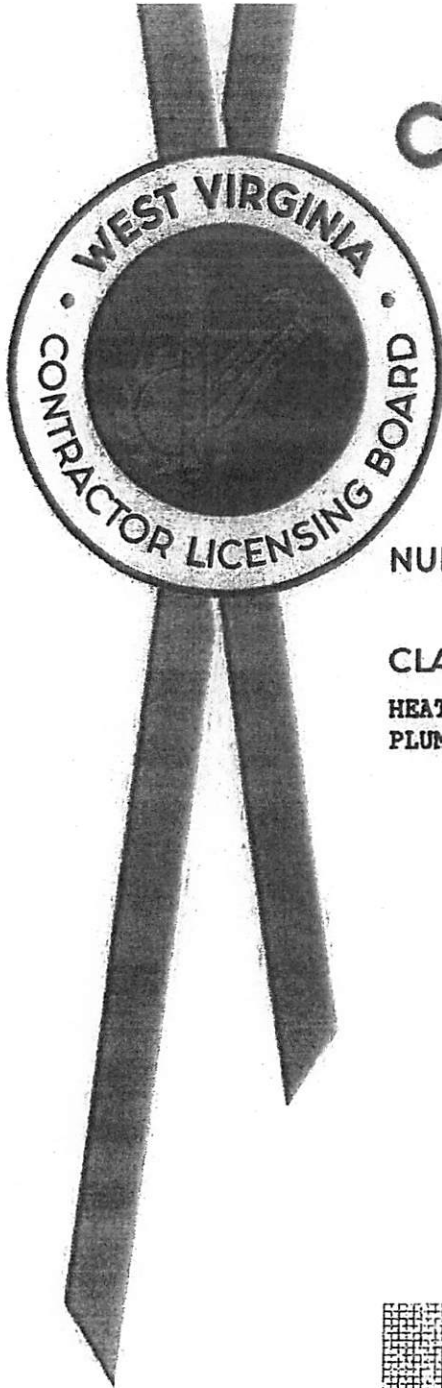
Subtotal C: 24,000

OVERALL COST (by adding subtotals A, B, and C) 49,760

<b>Bidder/Vendor Information:</b>
Name: DSO Mechanical
West Virginia Contractors License: WV 050370
Address: 515 Third Ave., South Charleston, WV 25303
Phone No.: 304-744-8479
Fax No.: 304-744-8491
Email Address: mlaughlin@dsomech.com
Authorized Signature 

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:           WV050370

**CLASSIFICATION:**

HEATING, VENTILATING & COOLING  
PLUMBING

DSO MECHANICAL LLC  
DBA DSO MECHANICAL LLC  
515 THIRD AVENUE  
SOUTH CHARLESTON, WV 25303

DATE ISSUED

EXPIRATION DATE

JANUARY 21, 2024	JANUARY 21, 2025
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Authorized Signature

Chair, West Virginia Contractor  
Licensing Board




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.



**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.

 *Project Manager*  
\_\_\_\_\_  
(Name, Title) Mike Laughlin / Project Manager  
\_\_\_\_\_  
(Printed Name and Title) 515 Third Ave., South Charleston, WV 25303  
\_\_\_\_\_  
(Address) 304-744-8479 / 304-744-8491  
\_\_\_\_\_  
(Phone Number) / (Fax Number) mlaughlin@dsomech.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..

DSO Mechanical  
\_\_\_\_\_  
(Company)  
 *Project Manager*  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)  
Mike Laughlin / Project Manager / 12/19/2024  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative) (Date)  
12/19/2024  
\_\_\_\_\_  
(Date)  
304-744-8479 / 304-744-8491  
\_\_\_\_\_  
(Phone Number) (Fax Number)  
mlaughlin@dsomech.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 checked="" 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.

DSO Mechanical

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Company



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Authorized Signature

12/19/2024

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Date

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

ARFQ 0608 DCR250000062  
REQUEST FOR QUOTATION  
EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT  
LAKIN CORRECTIONAL CENTER AND JAIL

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**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: Mike Laughlin

Telephone Number: 304-744-8479

Fax Number: 304-744-8491

Email Address: mlaughter@dsomech.com

END OF SPECIFICATIONS



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

I, Mike Laughlin, after being first duly sworn, depose and state as follows:

- I am an employee of DSO Mechanical; and,  
(Company Name)
- I do hereby attest that DSO Mechanical  
(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: Mike Laughlin

Signature: 

Title: Project Manager

Company Name: DSO Mechanical

Date: 12/19/2024


STATE OF WEST VIRGINIA,

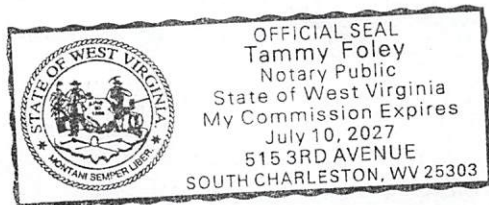
COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 19 day of December, 2024.

By Commission expires 7/10/27

(Seal)

  
(Notary Public)



**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, DSO Mechanical, LLC  
of 515 Third Avenue, South Charleston, WV 25303, as Principal, and Nationwide Mutual Insurance  
Company of Columbus, Ohio, a corporation organized and existing under the laws of the State of Ohio  
with its principal office in the City of Des Moines, IA, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of 5% of the total amount bid (\$ \_\_\_\_\_) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
ARFQ 0608 DCR250000062  
Equipment and Systems Maintenance and Repairs at LCCJ  
HVAC Maintenance Contract for equipment at Lakin Correctional

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal  
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform  
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in  
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no  
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no  
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby  
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and  
Surety, or by Principal individually if Principal is an individual, this 3rd day of December, 2024.

Principal Seal

DSO Mechanical, LLC  
(Name of Principal)

By [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)

Operations Manager  
(Title)

Surety Seal

Nationwide Mutual Insurance Company  
(Name of Surety)

[Signature]  
Alexandrea R. Grant, Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.**

1991 JAN 13 10 10

MEMORANDUM FOR THE RECORD  
SUBJECT: [Illegible]

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1991 JAN 13 10 10

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MEMORANDUM FOR THE RECORD

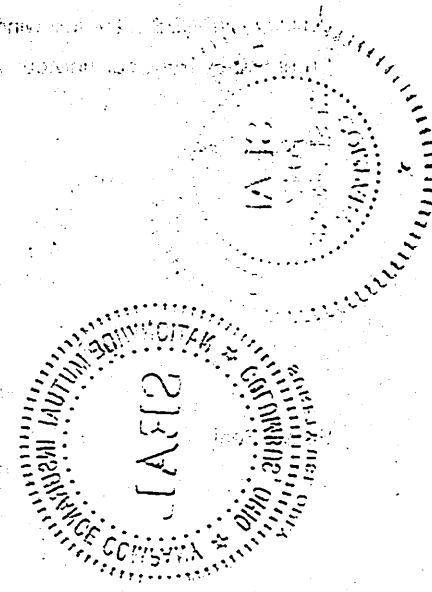
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Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

ALEXANDREA R GRANT; KAREN L MEDURI; MICHAEL A ALTHANS; MICHAEL N CHESS; PATRICIA SKALLA; RACHEL L HOPKINS; JAMES C ALTHANS

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

[Handwritten signature of Antonio C. Albanese]

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Sharon Laburda
Notary Public, State of New York
No. 01LA6427697
Qualified in Kings County
Commission Expires January 3, 2025

[Handwritten signature of Sharon Laburda]

Notary Public
My Commission Expires
January 3, 2025

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 3rd day of December, 2024.

[Handwritten signature of Lezlie F. Chimienti]

Assistant Secretary

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

INVESTIGATION OF THE ACTS OF VIOLENCE COMMITTED BY THE ORGANIZATION OF BLACK PANTHER PARTY

### STATEMENT OF [Name Redacted]

I, [Name Redacted], do hereby depose and state that I am a member of the [Organization Name] and that I have knowledge of the facts and circumstances surrounding the events described herein.

#### EXHIBIT A

[Name Redacted] has provided the following information regarding the activities of the [Organization Name] during the period from [Date] to [Date]:

1. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

2. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

3. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

4. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

5. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

6. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

7. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

[Name Redacted] has provided the following information regarding the activities of the [Organization Name] during the period from [Date] to [Date]:

8. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

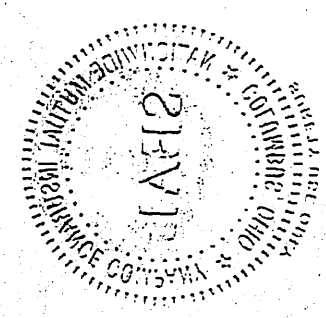
9. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

10. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

[Name Redacted] has provided the following information regarding the activities of the [Organization Name] during the period from [Date] to [Date]:

[Name Redacted]

[Name Redacted]



[Name Redacted]

[Name Redacted]

[Name Redacted] has provided the following information regarding the activities of the [Organization Name] during the period from [Date] to [Date]:

11. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

12. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

13. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

14. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].

15. [Name Redacted] was involved in the planning and execution of a [Type of Activity] on [Date] at [Location].