

**FAX INFORMATION SHEET**

**Cornerstone Detention Products, Inc.**

621 Poole Drive  
Garner, NC 27529  
Office Number (919) 779-0006

If there are any problems with this fax please call (919) 779-0006

Date: 07/13/2023

Attn: Philip Farley

Fax Number: (304) 957-7622

From: Mike Suriano

No of pages (Including cover sheet): 18

Subject: ARFQ 0608 DCR2300000037

**Comments:**

**Bid Submission**

**Call if you have questions. (919) 325-4332**

**Thanks,  
Mike Suriano**



July 13, 2023

**Bid Submission**

**VENDOR NAME: Cornerstone Detention Products, Inc.**

**BUYER: Philip Farley**

**SOLICITATION NO.: ARFQ 0608 DCR2300000037**

**BID OPENING DATE: July 14, 2023**

**BID OPENING TIME: 10:30 AM E.S.T.**

**FAX NUMBER: (304) 957-7622**

621 Poole Drive, Garner, NC 27529  
cornerstoneinc.com  
(919) 779-0006



June 22, 2023

### Bid Submission

**VENDOR NAME:** Cornerstone Detention Products, Inc.

**BUYER:** Philip Farley

**SOLICITATION NO.:** ARFQ 0608 DCR2300000037

**BID OPENING DATE:** June 23, 2023

**BID OPENING TIME:** 10:30 AM E.S.T.

**FAX NUMBER:** 304-957-7622

621 Poole Drive, Garner, NC 27529  
cornerstoneinc.com  
(919) 779-0006

Division of Corrections & Rehabilitation  
Agency  
REQ.P.O# ARFQ-0808-DCR2300000037-1

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Cornerstone Detention Products, Inc.  
of Tanner, Alabama, as Principal, and Liberty Mutual Insurance Company  
of Boston, Massachusetts, a corporation organized and existing under the laws of the State of Massachusetts with its principal office in the City of Boston, as Surety, are held and firmly bound unto the State of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid (\$ 5%) 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 Mount Olive Corr Complex & Jail Security Door Replacement, Mount Olive, WV

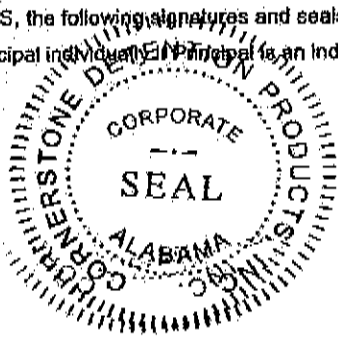
**NOW THEREFORE,**

- (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 21st day of June, 2023.

Principal Seal



Cornerstone Detention Products, Inc.  
(Name of Principal)  
By Charles M Claborn  
(Must be President, Vice President, or  
Duly Authorized Agent)  
Charles M Claborn  
President / CEO  
(Title)

Surety Seal

Liberty Mutual Insurance Company  
(Name of Surety)  
Jeffrey M. Wilson  
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.**



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205020-016032

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Alisa B. Ferris; Anna Childress; Jeffrey M. Wilson; Mark W. Edwards II; Richard H. Mitchell; Robert R. Freck; Sam Audia; William M. Smith

all of the city of Birmingham state of AL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of March, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 11th day of March, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 112604
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of June, 2023.



By: Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



**STATE OF WEST VIRGINIA**  
*DEPARTMENT OF HOMELAND SECURITY*  
**DIVISION OF CORRECTIONS**  
**AND REHABILITATION**



**WILLIAM K. MARSHALL, III**  
**COMMISSIONER**

**JEFF S. SANDY, CAMS, CFE**  
**CABINET SECRETARY**

Office of the Commissioner  
1409 Greenbrier Street  
Charleston, WV 25311  
304-558-2036 Telephone  
304-558-5367 Fax

**CERTIFICATE OF UNDERSTANDING**

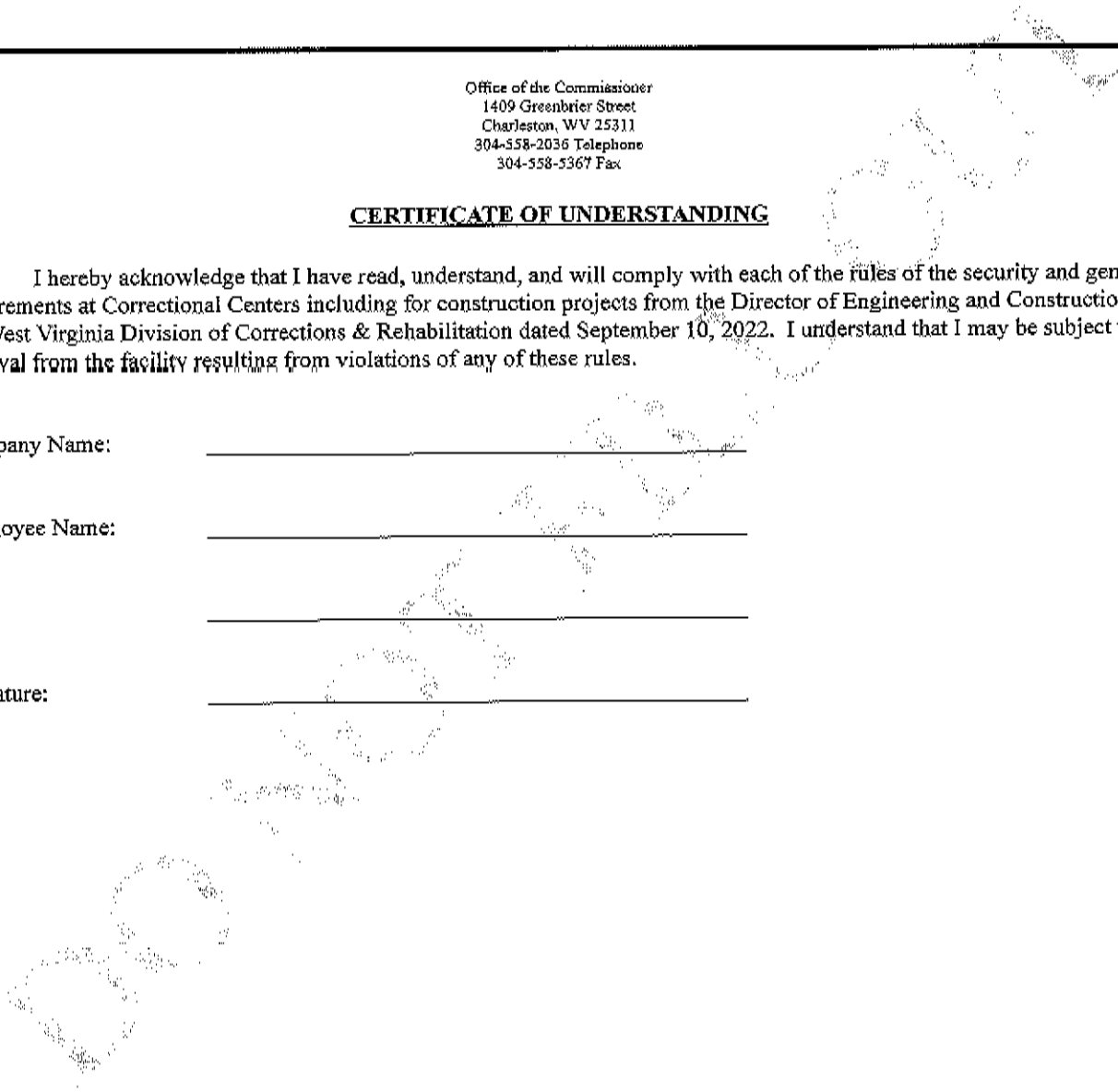
I hereby acknowledge that I have read, understand, and will comply with each of the rules of the security and general requirements at Correctional Centers including for construction projects from the Director of Engineering and Construction of the West Virginia Division of Corrections & Rehabilitation dated September 10, 2022. I understand that I may be subject to removal from the facility resulting from violations of any of these rules.

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_





STATE OF WEST VIRGINIA  
DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF CORRECTIONS  
AND REHABILITATION



WILLIAM K. MARSHALL, III  
COMMISSIONER

JEFF S. SANDY, CAMS, CFE  
CABINET SECRETARY

Office of the Commissioner  
1409 Greenbrier Street  
Charleston, WV 25311  
304-558-2036 Telephone  
304-558-5367 Fax

NCIC SECURITY BACKGROUND CHECK INFORMATION

Date: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Full Middle

Maiden Name: (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

*I agree to allow the Division of Corrections and Rehabilitation to conduct a criminal background check. I allow the Division of Corrections and Rehabilitation and its employees of any and all liabilities and damages that may result for me as a result of the investigation. I agree to abide by all rules and regulations of the institution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Office of PREA Compliance  
1409 Greenbrier Street Charleston, WV 25311**

**Sexual Misconduct Questionnaire**

The WVDCR has a zero-tolerance policy for sexual abuse and sexual harassment of offenders in OCR custody. The following questions shall be asked of new hires, existing staff upon promotion and in conjunction with the agency's four-year background check process, volunteers, contractors, mentors and interns who may have direct contact with offenders. These questions deal with previous acts of sexual misconduct in which the individual responding to the questionnaire was the instigator or perpetrator of sexual abuse or sexual harassment of an incarcerated person.

Have you ever engaged in sexual abuse or harassment of an incarcerated person while employed in a prison, jail, lockup, community confinement facility or juvenile facility or other institution? **Yes/ No**

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats, or coercion, or if the victim did not consent or was unable to consent or refuse? **Yes/ No**

Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats, or coercion, or if the victim did not consent or was unable to consent or refuse? **Yes/ No**

Have you ever been involved in a relationship with an incarcerated person while employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? **Yes/ No**

Have you ever resigned or otherwise left employment at a prison, jail, lockup, community confinement facility, juvenile facility, or other institution while under investigation for allegations related to sexual misconduct? **Yes/ No**

By signing below, you acknowledge and affirm that you have answered the above questions honestly and truthfully. You understand that material omissions regarding sexual misconduct or providing false information shall be grounds for termination or denial of access to OCR facilities. A criminal background check will be completed prior to being hired or gaining access to a OCR facility.

\_\_\_\_\_  
Printed Name & Signature Date

\_\_\_\_\_  
Printed Name & Signature of Witness Date



ARFQ 0608 DCR230000037  
REQUEST FOR QUOTATION  
SECURITY DOORS PROJECT  
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

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EXHIBIT H -- PRE-CONSTRUCTION MEETING AGENDA

Facility Name – Project Date

Pre-Construction Meeting, Date and Time of Meeting

Name of Owner:  
Address & Phone:  
Phone:  
Representative:

Name of Facility:  
Address:  
Phone:  
Representative:

Name of Contractor:  
Address:  
Phone:  
Representative:

During the pre-construction meeting, after I have read about each particular item listed below, I ask that the contract, their subcontractor(s) and the DCR add any additional discussion:

1. Introduction of everyone
2. Permits
3. Terms of work
  - A. Scheduling
  - B. Notice to proceed
4. Submittals
5. Security
6. Tools
7. Code requirements
8. Damages
9. Cleanup
10. Safety
  - A. Safety Equipment
  - B. First aid

11. Materials
12. Standard work hours
13. Work sequence
14. Request for information
15. Utility locations
16. Pay applications
  - A. Review sample pay application
  - B. Retainage
  - C. Time frame for pay applications
  - D. Who pay applications must be submitted to first
17. Change orders:
  - A. Procedures for processing field decisions and change orders
  - B. Discrepancies and issues found in the field
  - C. Time extensions
  - D. What must be submitted
18. Closeout documents:
  - A. What is required to be submitted
19. Summary of project:
20. DAS/DCR discussion:
  - A. Discussion of project
21. Contractor/Subcontractor(s) discussion:
  - A. Discussion of project

ARFQ 0608 DCR2300000037  
REQUEST FOR QUOTATION  
SECURITY DOORS PROJECT  
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

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EXHIBIT I – PRICING PAGE

ARFQ 0608 DCR2300000037  
REQUEST FOR QUOTATION  
SECURITY DOORS PROJECT  
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

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EXHIBIT I – PRICING PAGE

Vendor's Company Name: Cornerstone Detention Products, Inc.

Vendor's Address: 621 Poole Drive, Garner, NC 27529

Phone Number: 919 779-0006

Fax Number: 919 3254326

Email Address: jsmith@cornerstoneinc.com

WV Contractor's License Number: WV054339

We, the undersigned, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

**TOTAL BID AMOUNT:** \_\_\_\_\_

One Million, Seventy-eight Thousand, Eight Hundred, Sixty-four and 00/100

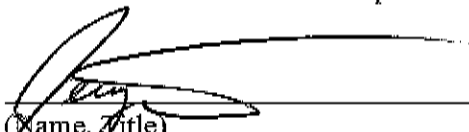
(\$ 1,078,864.00 ) (Total bid amount, to be written in words and numbers.)



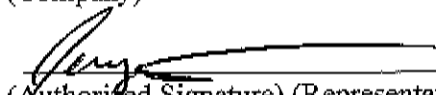
**ADDITIONAL TERMS AND CONDITIONS  
(Architectural and Engineering Contracts Only)**

1. **PLAN AND DRAWING DISTRIBUTION:** All plans and drawings must be completed and available for distribution at least five business days prior to a scheduled pre-bid meeting for the construction or other work related to the plans and drawings.
2. **PROJECT ADDENDA REQUIREMENTS:** The Architect/Engineer and/or Agency shall be required to abide by the following schedule in issuing construction project addenda. The Architect/Engineer shall prepare any addendum materials for which it is responsible, and a list of all vendors that have obtained drawings and specifications for the project. The Architect/Engineer shall then send a copy of the addendum materials and the list of vendors to the State Agency for which the contract is issued to allow the Agency to make any necessary modifications prior to sending the addendum to all interested vendors and, if necessary, extend the bid opening date. Any addendum should be received by the Division of Corrections and Rehabilitation at least fourteen (14) days prior to the bid opening date.
3. **PRE-BID MEETING RESPONSIBILITIES:** The Architect/Engineer shall be available to attend any pre-bid meeting for the construction or other work resulting from the plans, drawings, or specifications prepared by the Architect/Engineer.
4. **AIA DOCUMENTS:** All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the attached AIA documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein. The terms and conditions of this document shall prevail over anything contained in the AIA Documents or the Supplementary Conditions.
5. **GREEN BUILDINGS MINIMUM ENERGY STANDARDS:** In accordance with West Virginia Code § 22-29-4, all new building construction projects of public agencies that have not entered the schematic design phase prior to July 1, 2012, or any building construction project receiving state grant funds and appropriations, including public schools, that have not entered the schematic design phase prior to July 1, 2012, shall be designed and constructed complying with the ICC International Energy Conservation Code, adopted by the State Fire Commission, and the ANSI/ASHRAE/IESNA Standard 90.1-2007: Provided, That if any construction project has a commitment of federal funds to pay for a portion of such project, this provision shall only apply to the extent such standards are consistent with the federal standards.

**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)  
 Jeremy Smith, Regional Manager  
 \_\_\_\_\_  
 (Printed Name and Title)  
 621 Poole Dr., Garner, NC 27592  
 \_\_\_\_\_  
 (Address)  
 919 325 4321 919 325 4326  
 \_\_\_\_\_  
 (Phone Number) / (Fax Number)  
 jsmith@cornerstoneinc.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..

Cornerstone Detention Products, Inc.  
 \_\_\_\_\_  
 (Company)  
 Jeremy Smith, Regional Manager  
 \_\_\_\_\_  
 (Authorized Signature) (Representative Name, Title)  
 Jeremy Smith, Regional Manager 6/20/2023  
 \_\_\_\_\_  
 (Printed Name and Title of Authorized Representative) (Date)  
 June 20, 2023  
 \_\_\_\_\_  
 (Date)  
 919 325 4321 919 325 4326  
 \_\_\_\_\_  
 (Phone Number) (Fax Number)  
 jsmith@cornerstoneinc.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.

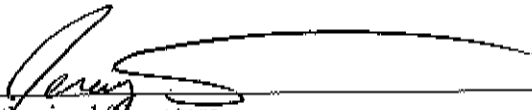
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

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 checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" 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.

Cornerstone Detention Products, Inc.  
Company

  
Authorized Signature

6-19-23, 7-12-23  
Date

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

# 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: Cornerstone Detention Products, Inc.

Authorized Signature: [Signature] Date: 6-19-23

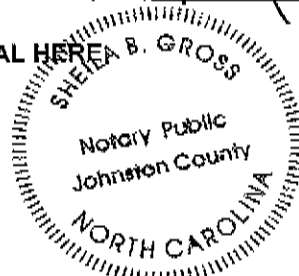
State of North Carolina

County of Wake, to-wit:

Taken, subscribed, and sworn to before me this 19<sup>th</sup> day of June, 2023.

My Commission expires May 2, 2025.

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]

WV-73  
Approved / July 7, 2017



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

**STATE OF ~~WEST VIRGINIA~~, North Carolina**

**COUNTY OF Wake, TO-WIT:**

I, Jeremy Smith, after being first duly sworn, depose and state as follows:

- 1. I am an employee of Cornerstone Detention Products, Inc. ; and,  
(Company Name)
- 2. I do hereby attest that Cornerstone Detention Products, 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: Jeremy Smith

Signature:

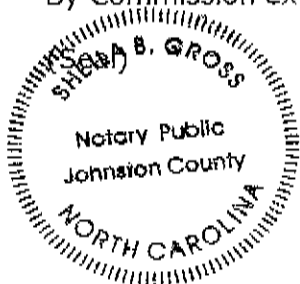
Title: Regional Manager

Company Name: Cornerstone Detention Products, Inc.

Date: 6/20/2023

Taken, subscribed and sworn to before me this 20<sup>th</sup> day of June, 2023.

By Commission expires May 2, 2025



(Notary Public)